

AMERICAN MEDICAL TIMES

Being a Weekly Series of the New York Journal of Medicine.

No. XX.
Vol. II. } NEW SERIES.

NEW YORK: SATURDAY, MAY 18, 1861.

{ Mail Subscribers, \$3 per Ann.
City and Canadian, 3 50 "
Single Numbers, 10 cents.

	Page		Page		Page		Page
ORIGINAL LECTURES.		Ligature of the Primitive Carotid, for Wound of the Occipital Artery in the Occipital Groove. By Alfred Mercer, M.D., of Syracuse, N. Y.	320	Examination of Candidates for Graduation in the Medical College of Ohio	325	Extensive Disease of the Tibia, etc.	328
Lectures on Diseases of the Nervous System, delivered at the University Medical College. By M. Gonzalez Echegarria, M.D., of Paris. Late Assistant Physician to the National Hospital for the Paralysed and the Epileptics of London, &c. Lecture II.	315	REPORTS OF HOSPITALS.		Summer Courses of Lectures in Medical Schools	325	Sero-Cyst of Breast	329
ORIGINAL COMMUNICATIONS.		NEW YORK HOSPITAL:		Scientific Intelligence	325	Pleuritis, Pericarditis, etc.	329
Fistulous Opening in the Walls of the Chest. By Frederick D. Lente, of Cold Spring, Putnam County, New York	317	Three Cases of Compound Fracture of the Skull. [Reported by J. L. Little, M.D., House Surgeon.]	321	Medical Board of Bellevue Hospital	326	Erysipelatous Inflammation of Umbilical Pit—Perforation of Peritoneum	329
Case of Intus-Susception in a Child. By F. B. Richerson, M.D., of Cold Spring, N. Y.	319	LONG ISLAND COLLEGE HOSPITAL:		OBITUARY.		CORRESPONDENCE.	
Case of Congenital Inguinal Hernia (Strangulated). By J. C. Hutchinson, M.D., Prof. of Operative Surgery, etc.	319	Dr. Frank H. Hamilton's Clinic, April 12, 1861. [Reported by Edward A. Brown, Medical Student.]	322	David Meredith Reese, M.D., LL.D.	326	Edinburgh Correspondence	329
Case of Eclampsia. By E. Miles Willett, M.D., of Memphis, Tennessee	320	EDITORIAL ARTICLES.		Medical College of Ohio	326	MEDICAL NEWS.	
		Medical Education. — Bellevue Hospital Medical College	323	REPORTS OF SOCIETIES.		APPOINTMENTS.	
		THE WEEK:		NEW YORK PATHOLOGICAL SOCIETY:		NAVAL MEDICAL BOARD	330
		Vaccination	324	Stated Meeting, March 27, 1861. Dr. A. C. Post, President, in the Chair. Sudden Death from Unsuspected Bright's Disease	327	MEETING OF STATE MEDICAL SOCIETIES	330
		Army Dietary and Cooking	325	Malignant Disease of the Pericostium	327	THE BELLEVUE HOSPITAL MEDICAL BOARD TENDER THEIR SERVICES TO THE GOVERNMENT.	330
				Cancerous Disease of the Rectum	328	OGLETHORPE MEDICAL COLLEGE.	330
						METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK:	
						MEDICAL DIARY OF THE WEEK.	
						SPECIAL NOTICES.	

PERUVIAN BARK, IRON, AND PHOSPHORUS.

FERRO-PHOSPHORATED ELIXIR OF CALISAYA BARK.

Caswell, Mack & Co., would call the attention of the Profession to this new combination of Peruvian Bark, Iron, and Phosphorus, wherein the astringency of the Calisaya and the nauseous inkiness of the Iron are overcome without injury to their active principles, and blended into a beautiful amber-colored cordial, delicious to the taste and acceptable to the stomach.

Sample of the preparation sent to any Physician on application.

CASWELL, MACK & CO., SOLE MANUFACTURERS,

Fifth Avenue Hotel, Broadway and Twenty-fourth street, and

NEWPORT, RHODE ISLAND.

Sent Free by Mail on Receipt of Price.

NOW IN THE PRESS

And will be issued in a few days, 1 vol. 8vo., illustrated. Price \$2.

A PRACTICAL TREATISE

ON

MILITARY SURGERY.

BY FRANK HASTINGS HAMILTON, M.D.,

Author of a "Treatise on Fractures and Dislocations," Surgeon-in-Chief to the Long Island College Hospital, Surgeon to the Bellevue Hospital, New York; Professor of Military Surgery and of Diseases and Accidents incident to Bones, in the Bellevue Medical Hospital.

This work will embrace a consideration of the Examination of Recruits, the Hygiene of Troops, relating to Diet, Dress, Exercise, &c.; Accommodation of Troops in Tents, Barracks, Huts, &c.; the Construction and Location of Hospitals; Preparations for the Field; Flying Ambulances, Litters, &c.; Also, Gunshot Wounds, Amputations, Hospital Gangrene, Scurvy, &c. United States Army Medical Regulations, with many other matters pertaining to Military Surgery.

BAILLIERE BROTHERS, 440 BROADWAY, N. Y.

Sent Free by Mail on Receipt of Price.

Études sur les Causes de Melancolie.Par le Dr. A. Corlieu. Svo. Paris, 1861. 38 cents.
BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

De la Congestion Cerebrale Apoplectiforme dans ses rapports avec l'épilepsie.Par le Dr. A. Bouillaud. Svo. Paris, 1861. 87 cts.
BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

The Medical Vocabulary, containinga concise explanation of the terms used in Medicine and its accessory Sciences, by Robert Fowler, M.D., Edin. London. 12mo. \$3.25.
BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Illustrated Manual of Operative Sur-gery and Surgical Anatomy, by Drs. Bernard and Huette. Edited with notes and additions, and adapted to the use of the American Medical Student, by Drs. W. H. Van Buren and C. E. Isaacs. Illustrated with Steel Engravings, from drawings after nature. Svo. Colored Plates, \$15.00; Plain Plates, \$9.50.
BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Anatomy, Descriptive and Surgical,by Henry Gray, F.R.S. The drawings by H. V. Carter, M.D., late Demonstrator of Anatomy. Second Edition, revised and enlarged. Royal Svo. London, 1860. \$8.70.
BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Traite des Maladies des Europeensdans les pays chauds (Regions Tropicales), climatologie, maladies endemiques, par le Docteur A. F. Ditroutau. Paris, 1861. \$2.10.
BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Lectures on the Diagnosis and Treat-MENT OF THE PRINCIPAL FORMS OF PARALYSIS OF THE LOWER EXTREMITIES, by E. Brown-Sequard, M.D. 1861. \$2.00.
BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Histoire Medicale de la FlotteFrancaise dans la Mer Noire, pendant la Guerre de Crimée, par le Dr. A. Marroin. Svo. Paris, 1861. \$1.
BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Lecons sur le Chancre, par le Dr. Ri-cord. 2d edition, revised and enlarged. Svo. Paris, 1860. \$2.00.
BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

The Composition of the Urine inhealth and disease, and under the action of remedies, by Edward A. Parkes. Svo. London, 1860. \$3.60.
BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Methode pratique de Laryngoscopie,par le Dr. L. Turck. Svo. Paris, 1861. \$1.
BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

On Diphtheria. By Edward Head-

LAM GREENHOW. 1861. Pp. 160. Price, \$1.25.

Our readers will find a very large amount of information in the twelve chapters of which the volume is made up. Perhaps, in the present state of our knowledge on the subject of this obscurely understood disease, little more can be said beyond what may here be found written down.—*London Medical Times and Gazette*.We have only been able here to refer to certain of the more prominent facts concerning diphtheria; but we believe we have said enough to recommend this well-written treatise to the attention of the profession.—*British Medical Journal*.

BAILLIÈRE BROTHERS, 440 Broadway.

Sent Free by Mail on Receipt of Price.

A History of Infusoria, including theDesmidiaceae and Diatomaceae, British and Foreign, by Andrew Pritchard, Esq., M.R.S. Fourth edition, enlarged and revised, illustrated by forty plates. London, Svo., 1861. Colored plates, \$15.00; plain, \$10.50.
BAILLIÈRE BROTHERS, 440 Broadway, N. Y.**SPECIAL PREPARATIONS OF THE PHARMACY OF GRIMAULT & CO.,
FORMERLY PHARMACY DORVAULT,****No. 7 Rue de la Feuillade, Paris.**

GENERAL DEPOT, IN NEW YORK, AT MESSRS. GAUDELET & GOURE, 32 PLATT STREET.

See that each Bottle bears the Signature of GRIMAULT & CO.

DOCTOR LERAS' SOLUBLE PHOSPHATE OF IRON.*(Pyrophosphate of Iron or Soda.)*In three forms: Solution, Syrup, and Sugar-coated Dragées. The solution is the one most used. According to the opinion of the members of the Paris Academy of Medicine, this article is superior to all the ferruginous preparations known. It agrees best with the stomach, never causes constiveness, and succeeds where other preparations fail, such as *Walt's Pills*, *Iron reduced by Hydrogen*, *Lachete of Iron*, *Iodide of Iron*, and *Ferruginous Mineral Waters*. One table spoonful of the solution or syrup contains three grains of salts of iron. They are colorless.**DOCTOR CAZENAVE'S PILLS FOR CUTANEOUS DISEASES.**Dr. Cazenave, Knight of the Legion of Honor and head Physician at the St. Louis Hospital of Paris, uses these pills in the hospital and among his patients. These, with his works, have created his immense reputation. These Pills speedily cure: *Ringworm*, *Itching*, *Lichen*, *Aché*, *Psoriasis*, *Eczema*, *Psoriasis*, *Pityriasis*, *Leprosy*, *Elephantiasis*, and almost all diseases of the skin.

The dose is one Pill, morning and evening. Detailed instructions accompany each box.

DORVAULT'S IODATED SYRUP OF HORSE-RADISH.According to the special observations of the principal physicians of the Paris hospitals, this preparation is constantly used instead of *Cod-liver Oil*, and invariably produces successful results in *lymphatic, anemic, scrofulous, and rachitic affections*. It is the best cure for consumption in its first stage, and the most powerful depurative known. Each table-spoonful contains four-fifths of a grain of iodine, combined with watercress, horse-radish, and scurvy grass. The presence of the metalloids cannot be discovered even by starch, and consequently it is always easily supported, even by very young children.**VEGETABLE INJECTION OF MATICO,**

PREPARED BY

GRIMAULT & CO., *Pharmaceutists*, No. 7 Rue de la Feuillade, Paris.The *Matico* (*Piper angustifolium*), a Peruvian plant, possesses extraordinary astringent and preservative properties. Prepared as an injection by our process, it suffices without any other medicine to quickly stop the most obstinate case of gleet, gonorrhoea, and blennorrhoea. It has obtained the sanction of the first physicians of Paris, and the approval of the Medical Board of St. Petersburg. It is the only injection that does not cause the contraction of the ureter, which is the case with all injections having a metallic basis.**VEGETABLE MATICO CAPSULES,**

PREPARED BY

GRIMAULT & CO., PHARMACEUTISTS, No. 7 RUE DE LA FEUILLADE, PARIS.

The essential oil of *matico* (*Piper angustifolium*) combined with balsam of copaiba and administered in the form of capsules coated with gluten, forms a very active medicament, and is superior to all capsules of copaiba liquid or solid, cubeba, rhubarb, or bismuth, and to all the opiates known. These capsules rapidly cure most cases of gleet and gonorrhoea, and are the only ones which never fatigue the stomach or intestines.

Bellevue Hospital Medical College.

—ANNOUNCEMENT FOR 1861-2.—The Trustees and Faculty announce, with much pleasure, the organization of this College, with a corps of thirteen Professors, and a full course of lectures during the next autumn and winter.

FACULTY.

ISAAC E. TAYLOR, M.D., *President*.
BENJAMIN W. MCCREADY, M.D., *Secretary*.
R. OGDEN DOREMUS, M.D., *Treasurer*.

JAMES R. WOOD, M.D., Professor of Operative Surgery and Surgical Pathology.
FRANK H. HAMILTON, M.D., Professor of Military Surgery, Fractures, and Dislocations.
LEWIS A. SAYER, M.D., Professor of Orthopedic Surgery.
ALEXANDER B. MOTT, M.D., Professor of Surgical Anatomy.
STEPHEN SMITH, M.D., Professor of the Principles of Surgery.
ISAAC E. TAYLOR, M.D., { Professors of Obstetrics and the Diseases of
GEORGE T. ELLIOT, M.D., { Women and Children.
B. FORDYCE BARKER, M.D., {
BENJAMIN W. MCCREADY, M.D., Professor of Materia Medica and Therapeutics.
JOHN W. S. GOULEY, M.D., Professor of Descriptive and Microscopic Anatomy.
AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine.
R. OGDEN DOREMUS, M.D., Professor of Chemistry and Toxicology.
AUSTIN FLINT, JR., M.D., Professor of Physiology.
CHARLES D. PHELPS, M.D., Demonstrator of Anatomy.
N. E. MOSELY, M.D., Professor to Chair of Surgical Anatomy.
SYLVESTER TEATS, M.D., Professor to Chair of Operative Surgery and Surgical Pathology.

PRELIMINARY TERM.

A preliminary term will commence on Wednesday, September 18, 1861, and continue until the beginning of the regular term. In addition to daily instruction in the hospital wards, and clinical lectures, at least three lectures will be given daily on subjects of practical importance, by members of the Faculty, during this term. Among the subjects which will be taken up during the preliminary term are the following:—Organic Affections of the Uterus, by Prof. Taylor; Uterine Displacements, by Professor Barker; Inflammatory Diseases of the Uterus and Appendages, by Prof. Elliot; the Thoracic Viscera, by Prof. Gooley; Ascuitation and Percussion, by Prof. Flint; Syphilis, by Professor Hamilton; Surgical Affections of the Genito-Urinary Apparatus, by Prof. Wood; Endonosis and Exonosis, with their Practical Applications, by Professor Doremus.

The attention of students and practitioners is invited to the variety and practical importance of the subjects which will be treated of during the preliminary term. Although attendance is not required on the part of the student, it is designed to render this term, not a nominal, but an actual extension of the period of instruction.

Dissections may be prosecuted during this term as well as during the whole of the regular term.

REGULAR TERM.

The regular term will commence on Wednesday, October 16, 1861, and end in the early part of March, 1862.

During the regular term the lectures will be so arranged as not to interfere with attendance in the hospital wards. Ample time will be allowed for accompanying the visiting physicians and surgeons in their daily rounds, attending clinical lectures in the hospital amphitheatre, witnessing surgical operations, and autopsical examinations, without conflicting with any of the didactic lectures.

This College, having been established in connexion with the Bellevue Hospital, offers peculiar advantages arising from the fact that the lectures in all the departments of instruction will be given within the hospital grounds. The Professors in all the practical branches being connected with the hospital, either as visiting physicians or surgeons, all the important subjects pertaining to Surgery, Obstetrics, Therapeutics, and the Practice of Medicine can be amply illustrated by cases under observation in the hospital wards, and by autopsical examinations, simultaneously with their consideration in the lecture room; loss of time in going to and from the hospital is saved; the student is always at hand when cases of accident are received, or operations in Surgery and Obstetrics suddenly called for; and there will be no encroachments of didactic and clinical instruction upon each other.

The aim of the Faculty of the College, with the co-operation of the Commissioners of Public Charities and Correction, is to make the immense hospital resources at their disposition, available to the fullest extent for purposes of instruction. In 1860, more than eleven thousand patients were received into Bellevue Hospital, and over four hundred births took place in this hospital during the year. The large hospital recently erected on Blackwell's Island, will also be open for medical instruction, and students will be conveyed to the Island by the hospital steamer without expense. It may be safely said that the vast field afforded by these Charities for the study of diseases at the bed-side, for witnessing every variety of operations in Surgery, together with the treatment of surgical affections, for the study of morbid anatomy, and the practice of obstetrics, is not surpassed elsewhere in this or any other country.

Ample provisions will be made for pursuing practical anatomy. Anatomical material will be supplied in abundance and with but little expense to the student.

Twenty-two resident Physicians and Surgeons are annually appointed on recommendation of the Medical Board of the Hospital, after an examination by this Board, and receive a salary sufficient for their support.

Fees for all the lectures during the preliminary and regular terms, \$105. Tickets for any of the departments during the regular term may be taken out separately, the fees being proportionate to the number taken.

The fee for all the lectures during the preliminary term is \$10. This sum will be deducted from the fees for the whole course (\$105), if tickets to the latter be taken out.

Matriculation Fee.....	\$ 5
Graduation Fee.....	30
Demonstrator's Ticket.....	5

Payment in all cases is required, and the tickets must be taken out at the beginning of the term.

The requisites for graduation are, twenty-one years of age; three years study with a regular and reputable practitioner (or practitioners), inclusive of the time of attendance at lectures; two full courses of lectures, the last in this College; proper testimonials of character; an acceptable thesis, and an examination by seven of the Professors in the several departments of instruction.

This College is endowed with all the powers and privileges belonging to any chartered Medical school in this State.

Circulars will be sent and further information given, on application to Professor Benjamin W. McCready, Secretary, No. 7 West Ninth street; or to Professor Isaac E. Taylor, President, No. 18 West Twentieth street.

Board and lodging can be obtained in New York for from \$3 to \$5 per week.

Students on arriving in the city are requested to report at once at the office of the College at Bellevue Hospital, situated on the East River, between Twenty-sixth and Twenty-eighth streets.

J. & W. Grunow, 343 Fourth Avenue,

beg to inform their friends, the medical profession, and microscopists generally, that having combined their manufacturing talent, the business lately carried on at 45 East Fifth street, under the name of J. Grunow, will hereafter be continued at 343 Fourth Avenue, under the firm of J. & W. GRUNOW.

J. & W. GRUNOW continue to supply their customers with

MICROSCOPES

AND

MICROSCOPICAL APPARATUS,

And will endeavor to sustain the reputation of their instrument.

Special attention is invited to their Students' Microscopes, which are highly recommended by the leading Microscopists of this city, etc.

Delluc & Co., French Pharmaceutical

CHEMISTS, 635 BROADWAY, NEW YORK.

New Remedies prepared to order, or any Foreign Medicinal or Chemical preparations imported. Constantly on hand Squibb's Preparations; French Chemicals. Agents for Vichy Mineral Waters, Garnier's Paris Sugar-Coated Pills, etc., etc.

Prescriptions of all Pharmacopoeias are put up by reliable and experienced Apothecaries.

N.B.—Pure chemicals of Lamoureux et Gendrot, of Paris, for sale at the lowest wholesale prices.

DELLUC & CO., 635 Broadway.

Dr. McMunn's Elixir of Opium.—

THIS IS THE PURE AND ESSENTIAL EXTRACT FROM THE NATIVE DRUG.—It contains all the valuable medicinal properties of opium in natural combination, to the exclusion of all its noxious, deleterious, and useless principles, upon which its bad effects depend. It possesses all the sedative, anodyne, and anti-spasmodic powers of Opium,—

To produce sleep and composure.

To relieve pain and irritation, nervous excitement, and morbid irritability of body and mind.

To allay convulsions and spasmodic actions.

And being purified from all noxious and deleterious elements, its operations are attended by

No sickness of the stomach, no vomiting, no costiveness, no headache.

Nor any derangement of the constitution or general health.

Hence its high superiority over Laudanum, Paregoric, Black Drop, Denarcotized Laudanum, and every other opiate preparation.

The Elixir of Opium is also greatly superior to Morphine.

And as a remedy may be adopted in all cases in which either opium or its preparations are administered, with the certainty of obtaining all their salutary and happy effects, without being followed by their distressing and pernicious consequences.

All orders for the "Trade" must be addressed, as heretofore, to

A. B. & D. SANDS, Wholesale Druggists, 100 Fulton Street, corner of William St., N. Y.

Planten's Capsules

ARE THE BEST IN THE WORLD.

PROVED BY 22 YEARS' TRIAL.

THEY STAND ANY CLIMATE.



All professional men who have used them, or who have witnessed their administration, declare them to be very efficacious.

H. PLANTEN AND SON, 224 WILLIAM STREET, NEW YORK.

Reg leave to call the attention of the Trade and the Profession to their COMPOUND CUBEBS AND COPAIBA CAPSULES. They contain the most powerful extracts of medicines, recommended by the most practical men. Drug stores who keep them for sale find the demand increased every day. Order distinctly, "PLANTEN'S COMPOUND CAPSULES." They are put up in boxes of 36, and vials of 72 capsules each.

The following is a list of the various preparations put up by us, to which we solicit attention:

- Of Pure COPAIBA BALM.
- " COMPOUND COPAIBA AND OIL OF CUBEBS.
- " CONCENTRATED CASTOR OIL.
- " IMPORTED BERGEN COD-LIVER OIL.
- " OIL OF TURPENTINE.
- " PURIFIED TAR.

Our IMPROVED FRENCH CAPSULES OF PURE COPAIBA BALM AND OF COMPOUND COPAIBA BALM, CUBEBS, &c., &c., are put up in vials containing 72 Capsules each.

Dr. Charles F. Taylor's Treatment,
 BY LOCALIZED MOVEMENTS, OF SPINAL CURVATURES AND
 PARALYSIS, (AND AS AN AUXILIARY TREATMENT) OF
 MOST CHRONIC DISEASES, EMBRACES THE
 FOLLOWING PRINCIPLES:—

1. LATERAL CURVATURE OF THE SPINE



Sample movement for lateral curvature to the right—expanding contracted (left) side, unbending spine, and pressure on projecting (right) shoulder.

Is caused by *unequal action* of the spinal muscles, generally (but not always) accompanied by muscular weakness. Sound sense and experience prove that supporters, by preventing muscular action, increase the weakness and aggravate the disorder; while gymnastics, acting on all muscles alike, can, at most, only benefit the general health, but cannot correct relative disproportions of muscular strength. A cure would consist in such *regulated* action of the muscles as, in accordance with the anatomy of the body and peculiarity of the deformity, would expand the contracted muscles on the shrunken side, and contract the expanded muscles on the projecting side, and, by introducing a series of muscular actions *opposite* that which produced the deformity, would thus reestablish a uniform and harmonious action of antagonist muscles, when the deformity would disappear. (See cuts.)



Sample movement for lateral curvature to the right—contracting the expanded (right) side, unbending spine, and pressure on projecting (right) shoulder.

2 PARALYSIS

Is produced by a suspension of the nervous stimulus to the muscles by some cause affecting the nervous centres. The shock may have passed off, or the clot in the brain may have become absorbed, and the paralysis may still, wholly or in part, remain, because it requires a special effort to re-establish the connexion of brain and muscles. In ordinary exercise, the unaffected muscles perform the most of the action, while the paralyzed ones perform the least.

This process should be reversed, and the paralyzed muscles made to act while the unaffected parts are at rest. The nerves must be re-educated to perform their functions, by sustained, gentle, well-directed, and repeated efforts of the will on the affected muscles, till the latent power is developed to be an efficient one.



Sample movement for paralysis,—concentrating the will on the extensors of the leg, while the rest of the body is at rest.

3. ANGULAR CURVATURE OF THE SPINE

(Pott's disease) consists of actual disease of the bodies of the vertebrae, with loss of substance at the point of disease. The weakened spine needs support, but the muscles should not be confined.



"Spinal assistant" for angular curvature (Pott's disease), provided with hinges (f, f, f, G, G), which allow the spinal muscles to act.

An original instrument (see cut) is used, so constructed with several hinges which bend backward but not forward, that while the spine is supported and the diseased surfaces relieved from pressure, the muscles of the back are encouraged to act (instead of being prevented, as in all other instruments), and thus the muscles themselves are made the efficient part of the instrument acting over the curvature to reduce it. There is no confinement; it is very adjustable; the pressure is increased and diminished at pleasure, and it is worn with the greatest comfort. The importance of thus developing the spinal muscle, contiguous to the diseased point, cannot be overestimated, as results show.

4. THE TREATMENT

(which is based on the Swedish system of Ling), is purely scientific and physiological, and though it is not claimed to be applicable to every case, in many it is very clearly indicated; as, in dyspepsia and constipation, by acting on the stomach and bowels, to give tone to the digestive organs; in consumption, by expanding the chest, distributing the circulation, and increasing the aerating process; in diseases incident to women, by giving general vigor to the muscles, especially of the back, hips, and abdomen, relieving the downward tendency of the organs, and increasing the periphatic circulation, to relieve uterine and other internal congestions.

AND IN ALL CASES the treatment is done, not by the patient's unaided efforts, but by trained assistants, nicely adapting each movement to the strength and needs of each patient, precisely as prescribed by the physician to secure the desired local or general results. There is nothing like "rubbing," "gymnastics," or "calisthenics" about it, patients are never fatigued, but from the first are very fond of it.

The co-operation of the family physician, as is mostly the case in this city, is always desired when practicable. Cases likely to be benefited are solicited through the profession.

CHARLES F. TAYLOR, M.D.,
 29 COOPER INSTITUTE, NEW YORK.

References:

Dr. J. M. CARNOCHAN, Dr. J. MARION SIMS,
 " J. W. FRANCIS, " B. F. BARKER,
 " HENRY G. COX, " E. K. PEASLEE,
 Dr. L. A. SATRE.

Dr. A. E. HOSACK, and the profession generally in New York.

Original Lectures.

LECTURES ON DISEASES OF THE NERVOUS SYSTEM,

DELIVERED AT THE UNIVERSITY MEDICAL COLLEGE.

BY

M. GONZALEZ ECHEVERRIA, M.D.,

OF PARIS,

LATE ASSISTANT PHYSICIAN TO THE NATIONAL HOSPITAL FOR THE PARALYSED AND THE EPILEPTICS OF LONDON, CORRESPONDING MEMBER OF THE ANATOMICAL SOCIETY OF PARIS, FELLOW TO THE MEDICAL SOCIETY OF LONDON, ETC. ETC.

LECTURE II.

TO-DAY, gentlemen, I shall commence the history of reflex paralysis, remarking, in the first place, that it assumes the same forms as does paralysis from organic alterations in the nervous centres, such, for example, as hemiplegia and paraplegia. It is invariably the fact that in reflex paraplegia no morbid appearances are to be discovered in the nervous centres on post-mortem examination. Strange as this may seem, it is easily accounted for when we direct our attention to the origin of the disease. On the one hand, the nature of the cause acting upon peripheral nerves, and on the other, the peculiar structure of these latter nerves, which are generally affected by reflex paraplegia, would seem to show that the disease originates first in irritation of the sympathetic nerves—bringing afterwards exhaustion of the incitability of the nervous centres. In evidence of these views, we find that the trifacial, the pneumogastric, and the ganglionic system in the abdomen and pelvis, are commonly the parts in which irritation gives rise to paralysis. If we bear in mind that among cranial nerves, the trifacial is innervated with all the ganglia in the head, and possesses the peculiarity of supplying sensibility to all the organs of senses; that the pneumogastric is in relation with several peripheral ganglia, as also, that the sympathetic system has essentially under its influence the functions of the digestive and genito-urinary organs, we can easily understand the frequency of paralysis after their irritation. Therefore, it is in children after teething or derangements of the digestive organs; in adults after uterine and urinary affections, or likewise after sudden exposure to cold and wet, stopping at once the action of the vaso-motory nerves, that reflex paraplegia and hemiplegia are due. I will state that irritation, which in one instance may produce paralysis, oftentimes brings on convulsions at an early period; but paralysis, when definite, is not always complete in all the muscles, nor does it immediately interfere with muscular irritability, although there is a lessening of the reflex power and in the temperature of the limb. The disease continuing, you may observe, particularly in cases of children, that the muscles are atrophied after long rest, and even that there is a stoppage of development in the whole limb. Sensibility remains in most cases; if altered it is generally diminished. Additional evidence that paralysis is due to reflex action is, that the effects are always direct. This fact, as observed by Dr. Brown-Séquard, would explain all the cases of so-called *direct paralysis*, and proves why if a tumor be situated between the petrous bone and the crus cerebelli, and it causes paralysis, that it is in the same side of the body. That eminent physiologist has collected fourteen cases of this kind, all having the same features, which are: incomplete paralysis in the side of the lesion, no anesthesia (except in one case), and frequent fits of vertigo. As to the latter symptom, let me remark that it is a sign of contraction in the blood-vessels of the brain.

You are aware that repeated impressions not only weaken and even destroy sensations, but also act upon the faculty of incitation devolved on the nervous centres. You likewise know that there is a communication between the spinal cord and the sympathetic nerves. An irritation,

therefore, will take place in the extremities of the latter determining a spasm in the blood-vessels, and if prolonged may exalt, or more probably exhaust, the motory incitability of the spinal cord. As regards contractions in blood-vessels of the spinal cord, they have been observed by Dr. Brown-Séquard, after the application of a ligature on the hilus of the kidney, in irritation of the renal and supra-renal nerves, and of the supra-renal capsules. Comhain and Dr. Brown-Séquard have witnessed that the extirpation of one kidney or supra-renal capsule produced paralysis in the corresponding limb, and I have myself recently seen a case of acute orchitis in the left testicle attended with notable loss of movement and intermittent tremor in the leg on the same side. I have no doubt that contraction in blood-vessels has an important share in the production of paralysis, but I think that over-excited incitability has a greater.

Cl. Bernard has found that when the first thoracic ganglion is galvanised, the corresponding limb exhibits powerful tetanic movements of extension, and that the phenomenon extends to the opposite limb, if the electric current be very intense. If electricity is applied to the abdominal ganglia there is pain and similar reflex movements in the limbs. In both cases, as remarked by Cl. Bernard, contractions are mostly in the extensor muscles. If we now call to mind that action in sympathetic nerves is also manifested as a reflex phenomenon after another nerve has been excited, we may admit that the continuance of the cause may result in abolishing the action, and consequently, that permanent irritation in sensitive nerves may be followed either by convulsions or by temporary or incomplete paralysis. Another proof of the facts I have already submitted to you, can be adduced from the effects of galvanization upon the cervical sympathetic nerves. In such cases, among other phenomena, there is dilatation of the pupil, wide opening of the eyelids, and protrusion of the eyes, signs (the latter especially) which denote a state of paralysis in the muscles of the eyes.

With children, reflex paralysis is usually ushered in with a greater or less state of convulsion—attacking the extensor muscles; while in urinary or hysterical paraplegia, chilliness or tremor in the limbs oftentimes shows the invasion of the disease. It is worthy of attention that in diseases of the spinal cord the limbs are in a state of flexion, as pointed out by Dr. Brown-Séquard, which fact might serve as a means of diagnosis between affections in the sympathetic and spinal systems.

I could refer to many pathological cases confirming the assertion that exhausted incitability is a prominent cause of paralysis; but I will limit myself to the mention of the following interesting ones: Morgagni, Derval, Notta, Tavignot, and other physicians have known amaurosis to be caused by neuralgia, and to disappear as soon as the latter was cured. Marshall Hall, in his work on Diseases and Derangement of the Nervous System, alludes to a case or sudden paralysis of the facial nerve produced by severe cold; in the beginning there was paralysis, the face was drawn towards the opposite side, but subsequently the palsied muscles were taken with permanent spasms, and the face drawn towards the side affected. In this instance the convulsive state succeeded paralysis, and I may add that I have often noticed relapsing contractions, when the muscles were regaining their normal state, at the end of urinary paraplegia. The last case I will mention, is still more interesting. A young lady, aged twenty-two years, was afflicted with metritis, intra-uterine granulations, spasmodic contraction in the neck of the womb, and chronic peri-uterine abscess, attended with several nervous symptoms. She was obliged to undergo a lengthy antiphlogistic treatment and various uterine cauterizations. Curious to relate, at every intra-cauterization she lost consciousness, and momentary paralysis took place in the lower limbs. The details of this important case may be found in the Seventieth Observation of the excellent book of Dr. Nonat on *Diseases of the Uterus*. Indulge me in a final remark upon this topic. Strychnia, which is a valuable remedy for

reflex paralysis, possesses the property of increasing directly the spinal irritability in a high degree, at the same time that it augments circulation in the spinal cords.

Numerous then are the causes of reflex paralysis, the most common, as already mentioned, being exposure to cold and wet; and in children, teething, worms, irritation in the digestive organs, and diphtheria. In adults, diseases in the genito-urinary organs, hysteria, chlorosis, anaemia, and any morbid state producing peripheric irritation, such as neuralgia, enteritis, hemorrhoids, etc.

In children the diagnosis of reflex paralysis, although difficult in some cases, may nevertheless be made clear. The paralysis generally commences slowly, or follows convulsive symptoms, seldom invading one side of the body, and in the great majority of cases being paraplegia and at times crossed paralysis. This character, i. e. localization, is important to diagnosis. When loss of movement is still doubtful, the affected limbs become permanently colder and less colored than the other parts of the body, remaining thus during the continuance of the disease; rest of the muscles causing their atrophy and even that of the bones and skin. As to the differences in diagnosis between reflex paralysis and other nervous diseases in children, I would say, that in encephalo-meningitis, which is with them a frequent cerebral affection, there is for some days or weeks previously a remarkable change of disposition in the child, who becomes dull and somnolent, or often starts up out of his sleep frightened and crying out. During that period there is no modification in the limbs, except that in most of the cases their sensibility is increased. It would be impossible not to recognise meningitis or encephalitis when declared. Weakness in the limbs, owing to rachitis, is detected from the general state of the patient, and the characteristic form presented by the ribs and bones of the limbs, which are *rickety*. In coxalgia the movements of the legs are impeded, but the diagnostic means described when speaking of pseudo-paralysis will soon discover the cause of impediment. You will also observe in coxalgia that there is pain in the hip and in the knee, but no coldness in the legs, which, while the child is lying on his back, he can move; this never happens in cases of paralysis.

There are several diseases, I have said, giving rise to reflex paralysis, and you may perhaps think that paralysis attending affections of the heart is of the same nature. But not so, such paralysis is due to *embolismus* or migration of fibrinous clots into the blood-vessels of the encephalon, chiefly occurring in endocarditis. You know that in this disease the cavities of the heart, and especially that of the left ventricle, are covered with a fibrinous coat, thicker around its apertures. The surface of this coat may be decomposed or divided into fragments, which, once carried through the arteries, go to obstruct circulation in the brain, either suddenly and occasioning mortal hemorrhage, after rupture by over-distension in the capillary vessels, or slowly, causing gangrene in the cerebral tissue and softening, which may be attended with paralysis. It would be interesting to ascertain whether the cause of cerebral hemorrhage attending the puerperal state is not also the above *embolismus* produced after inflammation in uterine vessels.

Hysterical paralysis appears under hemiplegic or paraplegic forms, constantly preceded by the numerous symptoms belonging to hysteria. Of the two kinds, paraplegia is the rarest and most difficult to cure. As to hemiplegia, it is curious, as noticed by Dr. Briquet, from its ordinary occurrence on the left side of the body, a peculiarity likewise existing with other troubles in innervation accompanying hysteria. Weber has attempted to prove that sensibility is greater in the left side of the body; this, however, should not be the cause of that frequency also observed in paralysis due to organic lesion of the nervous system, as I myself have had the opportunity of verifying among a larger number of the paralysed in the National Hospital of London. Hysterical hemiplegia comes suddenly, although it may be preceded by hyperaesthesia or by convulsions in the same side of the body, and generally coexists with

anaesthesia, many times extending to the nerves of the senses on the corresponding side. There is usually, with the paralysis, local hyperaesthesia in the muscles of the back, chest, and epigastrium. These three different states of *rachialgia*, *pleuralgia*, and *epigastralgia*, are so constant in hysteria that Briquet considers them as the *hysterical tripod*. The temperature of the limbs in hysterical hemiplegia is often diminished, but the muscles never waste away. They may become so weak that luxation may be produced, as observed by Dr. Briquet in four cases. Once it was a luxation in the knee, once in the shoulder, and twice in the ankle-joint. The muscles, although insensible to galvanism, retain their irritability; in most cases those in the lower limbs are the first and most markedly paralysed. Retention of urine is very rare, but more or less obstinate; constipation is often met with. Hemiplegia is not uncommon during the puerperal state, presenting about the same symptoms already mentioned. I attended, last November, a lady afflicted with this disease after a miscarriage of five months. The right side of the body was affected, and the case presented the peculiarity of loss of sight and hearing on that side; the pupil was very much dilated; there was continuous noise in the affected ear, and a perceptible tremor of the same side of the face, together with dullness and weakness in the right limbs. Hysterical paraplegia takes place gradually under the same circumstances as hemiplegia, ordinarily after convulsions. It is most observed in young women, and is accompanied with anaesthesia, troubles in the digestive organs, constipation, and retention of urine. There is no muscular atrophy nor loss of contractility, and many patients are able to walk a few steps, afterwards losing all power of movement and remaining very much fatigued.

Paraplegia likewise attends amenorrhoea, menorrhagia, metritis, etc. In cases of amenorrhoea there is pain in the loins, or along the back, preceding the paraplegia, with chilliness and numbness in the legs, fever, weak and frequent pulse, headache, nausea, always constipation, and at times retention of urine, or painful micturition. The movement in the limbs is at once diminished or totally lost. I have not met with any case of paraplegia after menorrhagia or abundant menstruation; but from the description given by Le Roy d'Etiolles, jr., after three cases attended, two by Dr. Montard Martin, and the other by Dr. Gaudet, of Dieppe, it seems that under such circumstances the paralysis progresses slowly without precursory pain in the loins. The sensibility of the limbs becomes dull and less affected than movement, and the patient, when lying down, is more or less able to move her legs. There is no retention of urine, and constipation is not considerable. During the puerperal state, as well as during pregnancy or in enlargement of the uterus, paralysis in the lower limbs depends more likely upon the pressure sustained by the nerves in the pelvis, as in such instances it is more considerable in the right side, and there are all the signs of pressure upon a nerve, to wit, occasional dullness, numbness, pain in the limbs, etc. In urinary paraplegia symptoms of the urinary affections always precede paralysis in the lower limbs. In cases of nephritis, there is a relation between the state of the limbs and that of the kidneys, and therefore paralysis is more considerable in the side corresponding to the most affected kidney. Paraplegia and nephritis likewise increase and diminish constantly together. In acute nephritis paralysis originates suddenly with chilliness, painful sensation in the loins and in the limbs; there is no tenderness in the spine, but it exists in the renal regions; movement is more lost than sensibility, and not equally affected in both limbs. In chronic nephritis, cystitis, enlargements of the prostate, stricture, and other diseases of the urethra, paraplegia comes slowly after weakness and sensation of fatigue in the limbs; even without much walking, they are often drawn up and sometimes numb and cold. There is usually constipation and more or less retention of urine, sometimes invincible, but little or no wasting. Many patients complain of weakness and heaviness in the loins, but never, in simple cases, of that pain in the spine which is exasperated by pressure or application of

warm or cold water, and which always exists in paraplegia from myelitis. It is not that *feeling of tightness round the body*, nor are other parts paralysed besides the lower limbs, nor are there spasms, cramps, fomication or pricking in the latter, all pathognomonic symptoms of myelitis. In reflex paraplegia urine, when long retained in the bladder, becomes darker, alkaline, and charged with mucus or pus according to the state of the kidneys and bladder. In myelitis urine is usually alkaline.

We are indebted to Dr. Brown-Séquard for the most appropriate and successful treatment of reflex paralysis. If the irritation which brought it on exists, we must combat it principally without neglecting the state of the paralysis. The indications, therefore, must be to diminish the external irritation, to improve nutrition in the spinal cord, and to prevent atrophy after rest in the paralysed limb.

As to the first means, they are according to the nature of the disease. If paralysis be due to teething, one of the best remedies for it is the cutting of the gum. I need not say that in cases of worms anthelmintics must be resorted to. In urinary or uterine affections the use of belladonna against the external irritation is of great advantage; for this purpose no narcotic is more powerful than belladonna. Its effects are manifest in from twenty to forty-eight hours, creating a remarkable change in the paralysis. In diseases of the uterus, or of the bladder and urethra, it may be used as a suppository or in injections. In the first instance, one grain of belladonna, with one of extract of opium, to be kept in the vagina during the night; and in the second, an injection with same dose of belladonna, and twenty drops of laudanum, to be retained half an hour or one hour, and followed with some emollient injection. In urinary paraplegia, belladonna is also administered in pills with ergot; $\frac{1}{4}$ gr. of belladonna, and $\frac{1}{2}$ gr. of ergot, taken three times a day, producing the same good effects, as observed by Dr. Brown-Séquard, and by myself. Belladonna, though it diminishes the reflex power of the spinal cord, has nevertheless a marked influence upon the blood-vessels which contract, thus being the most beneficial remedy against inflammation and reflex action. But, as remarked by Dr. Brown-Séquard, it would be, for this last reason, unwise to make a constant use of it; and I should add, after what I have witnessed in several instances, that when there is no inflammation or congestion in the uterus, the bladder, urethra, &c., belladonna from the commencement proves unfavorable.

The chief means to increase nutrition in the spinal cord are—externally, the use of cold douches, or sometimes alternately cold and warm, having the spine rubbed hard immediately afterwards; application of galvanism to the spine, and to lie flat on the back, having the head and limbs placed on high and hard pillows. Internally, strychnine may be used, and Dr. Brown-Séquard insists upon the necessity of giving it always with belladonna in cases of reflex paralysis. It acts by increasing directly the irritability in the spinal cord, as also its circulation. When used alone, the dose may be from one-fifteenth to one-twentieth of a grain, once or twice a day, which dose should be diminished by half, when employed together with opium, and increased when mixed with belladonna. There is still a substance which I have no doubt very much improves nutrition, and this is, iodide of potassium. It is certain, after the interesting researches of Ricord and Grassi, that iodide of potassium increases the globules of blood in a rapid manner. In cases of hysterical paralysis and troubles in the uterine functions I have known constant beneficial results to be obtained by its use. The best form to administer it is with a bitter decoction of bark, calumba, gentian, rhubarb, etc.; three or five grains of iodide in half an ounce of decoction twice or thrice during the day. Iodide can also be employed jointly with strychnia, and then these latter should be in small doses of one-twentieth or one-thirtieth of a grain every day.

To prevent the effects of rest in paralysed muscles, the voluntary power must be exercised frequently upon them.

Application of galvanism is also of great advantage, and very successful, especially against hysterical paralysis. Another excellent means to increase nutrition in the limbs will be the use of a local warm douche or bath twice a day during fifteen or twenty minutes. It augments the quantity of blood, and therefore increases nutrition, but in so remarkable a degree that you may, in cases of children, cause the return of the limbs to nearly their normal dimensions. In adults the advantages are no less great.

To conclude with the history of reflex paralysis, I must direct your attention to the treatment of retention often met with in urinary paraplegia, and at times of an obstinate character. In reflex paraplegia, and in myelitis, the introduction of an instrument to empty the bladder is not so simple an operation as it would appear. I must say that in both instances obstinate retention is frequently produced after permanent spasmodic contraction in the neck of the bladder. Therefore, scarcely is an attempt made to pass the instrument, than the reflex movements are augmented and the legs drawn up with great pain to the patient, and no less disappointment to the physician. Under such circumstances, I have found easier the introduction of a small olivary-pointed bougie, which is not only more elastic than a catheter, but also better borne by the urethra. It should be warmed and well oiled previous to the operation, which must be performed *very gently* and *without the least pressure*. In cystitis of the neck, you will find, when the bougie reaches this latter point, that contraction is greater, the bougie is at once expelled; but if left by itself without pressure whatever, you will after a while feel it attracted towards the bladder, and this is the moment to pass it in. But there are cases in which this operation becomes impossible even after submitting the patient to the effect of narcotics, warm baths, and other means employed in retention. Then there is still a resource of great importance, although not usual to avoid the difficulty, and it may be resorted to with confidence before even thinking of puncture of the bladder. This means is the administration of chloroform till complete anæsthesia, which brings relaxation in the sphincters and lets the water pass, or at any rate permits the introduction of the bougie. I was myself not long since enabled to do this in a similar case.

As to the use of electricity in reflex paralysis, it must be applied all along the course of the nerves, and to the muscles. The current must be a mild one, except when we want to apply it to the spinal cord, in which case it should be powerful. Every *séance* must be prolonged to fifteen or twenty minutes.

Original Communications.

FISTULOUS OPENING IN THE WALLS OF THE CHEST.

By FREDERICK D. LENT,

OF COLD SPRING, PUTNAM COUNTY, NEW YORK.

THE patient, F. S., laborer, aged 22, native of Germany, had generally enjoyed fair health with the exception of a troublesome cough which had annoyed him for a year or two. In April, 1858, he fell from a haystack to the ground, striking with great force on his head, producing a severe scalp-wound of the frontal region, which was followed by symptoms of concussion. He did not recover complete consciousness for a week. At the end of two weeks, however, the wound had healed, and he had sufficiently recovered in other respects to go to work. Soon after this, he was attacked with violent pain in the right side of the chest, below the nipple, and was confined to the bed. He was attended by an irregular practitioner, but soon got out again, and went to work, feeling pretty well. In July, 1858, he was again attacked with the same sort of pain, and other thoracic symptoms, and was attended by the

same practitioner. His condition now rapidly grew worse; and happening to be in his neighborhood, I was called in by his friends and found him in the following state. He was lying on his back, in a restless, semi-comatose condition, from which he could with difficulty be aroused by loudly addressing him; pulse very rapid and feeble, respiration hurried, and oppressed. Upon physical examination, I found evident signs of pneumonic inflammation in both lungs, and apparently *tubercular softening* under the right clavicle. His condition appeared desperate; but I advised stimulants freely with concentrated nourishment; and, in case of improvement, cod-liver oil and iron. Some weeks after, I learned that he had recovered, and was "about" again. About the 13th of January, 1860, I learned from Dr. S. P. Moore, Surgeon United States Army, at that time stationed at the Military Academy, that the patient had recently presented himself to him with an abscess on the right side of the chest, below the clavicle, which he supposed to communicate with the lung, there being a loud gurgling with expiration and inspiration. As the abscess was pointing, he opened it, and gave egress to a quantity of purulent matter mingled with air.

On January 21st, I met him in the street of the village of Buttermilk Falls, near West Point, and was asked to prescribe for him. It had now been six weeks since the abscess was opened by Dr. Moore; all discharge had for some time ceased, except a small amount of muco-purulent matter, mingled with air, when he coughed. There remained two openings near each other, separated only by an undermined bridge of unhealthy integument, and situated over the sternum, a little to the right of its median line, and opposite the third intercostal space. The probe detected no rough bone, and passed between the third and fourth ribs, towards the right lung. When he coughed, the air rushed forcibly out of these openings with a whistling noise; and the act gave him pain at a point below the clavicle, and two or three inches distant from the openings. By forcible pressure on this spot, he was accustomed to give himself some relief from this pain while coughing. He stated that he gained fourteen pounds after getting out from his long confinement in the summer; but that lately he had gained nothing. He had taken no medicine of any kind; his appetite was fair, and he felt tolerably well, and was able to be on his feet most of the day; but upon being hurried, or walking *up hill*, was "short of breath." His complexion was florid, and his face full, but his limbs rather emaciated; his pulse feeble and frequent. He stated that he had never "raised any blood." Upon physical exploration, I found that moderate pressure on a spot over the right side of the thorax, about two inches below the clavicle, gave pain; at this point, there was some flattening of the walls, but nothing marked. Percussion yielded very good resonance on the left side, both anteriorly and posteriorly, and very fair on the right side, posteriorly and laterally; anteriorly, the dulness was quite marked. Auscultation yielded bronchial respiration and whispering pectoriloquy in a marked degree at some points, passing into cavernous respiration, *over both lungs*, except at the upper part of the left, where the respiratory murmur, though far from normal, was better than elsewhere. Anteriorly, under the clavicle, on the right side, but little sound of any kind was to be distinguished, no moist sounds whatever. Prescribed cod-liver oil combined with the syrup of the iodide of iron, with very moderate exercise in the open air, and to wear a moderately tight bandage around the chest.

April 9, 1860.—Saw the patient again to-day, and was struck with the change in his appearance; he looks quite well, and has been at work, hauling lumber, loading and unloading the waggon himself. His breathing is still quite hurried when he makes much exertion. Thinks the oil has benefited him very much; is still taking it. The artificial opening has closed, but a small fistulous orifice still remains, through which the air whistles when he coughs. He has been accustomed to perform on a brass wind instrument, and he has lately been trying it again, and succeeding pretty

well, he says, while compressing the abscess forcibly; but, otherwise, the air, instead of passing into the horn, *rushes out of the fistulous opening in the walls of the chest*. He also states that the bandage about the chest relieves him very much, and that he could not do any work without it. The physical signs have undergone a marked change since last date, and are now as follow: *Right side*—anteriorly—from clavicle to fifth rib inspiration almost inaudible, expiration prolonged, and blowing; below the fifth rib, feeble murmur. Percussion yields moderate dulness under the clavicle as far as second rib, below this the resonance is normal. Posteriorly—base of lung—bronchial respiration, but some returning respiratory murmur; middle—bronchial respiration; superiorly—amphoric respiration as far as spine of the scapula. Percussion yields a normal resonance throughout. *Left side*—anteriorly, returning respiratory murmur; posteriorly—base—respiratory murmur fair; middle and upper portions—bronchial respiration, more marked above. Percussion note good throughout.

March 5, 1861.—Since last date, have only seen the patient occasionally. For some time past he has been gradually failing, and last night he died.

Autopsy.—With the assistance of my friend, Dr. John M. Cuyler, U. S. Army, I made a post-mortem examination to-day. There is but little difference in the appearance of the two sides of the chest, except a marked prominence of the extremity of the fourth rib on the right side. Just above this there is a very minute opening, sufficient to admit an ordinary probe into the pleural cavity. Upon percussion, the resonance of the chest anteriorly is nearly normal, and about the same on the two sides. Upon dissecting the coverings of the *thorax* in the usual manner, we found that a dissecting abscess had separated the pectoral muscle from the ribs and intercostal muscles, to the extent of several inches. The abscess was nearly empty, and communicated with the pleural cavity by an opening an inch or more in length, and as broad as the intercostal space. Upon looking into this window, we could distinctly see the walls of an immense empty cavity.

The *sternum* and costal cartilages having been carefully raised, the right pleural cavity was seen to be almost entirely empty, from above downwards as far as the sixth rib, with the exception of that part nearest the spinal column, which was occupied by pulmonary tissue and dense false membrane. The whole cavity was lined by organized false membrane several lines in thickness, and the thickened pleura, which was rough, and moistened by purulent matter. The whole lung, or what remained of it, was firmly bound down by these membranes, except a very small portion at its lower part. The left lung had a decidedly emphysematous appearance, being apparently too large for its containing cavity, and crepitated well; there were but few adhesions on this side. The *pericardium* contained several ounces of serum; and the right cavities of the *heart*, which was itself healthy, were distended with fluid blood, or what might almost be denominated fluid blood, so thin was it. While endeavoring to break up the adhesions at the upper and posterior part of the right lung, our hands came in contact with, and were scratched by, a sharp substance, seeming like spicula of bone; and, upon detaching the lung entirely, we were surprised to find a bony, or *quasi* bony plate, about two inches in diameter, and several lines in thickness, lying against and attached to the right bronchus, extending nearly as high as the bifurcation of the trachea, and forming, by its free surface, a part of the internal wall of the large cavity before alluded to. Adjacent to this, and extending downwards, the inner wall was completed partly by the thickened pleura, and partly by condensed pulmonary tissue about an inch in thickness, and presenting none of the characters of normal lung tissue. The base of the lung was tolerably healthy, being only congested. This lung presented no appearance of tubercles in any part. Upon examining the left lung more critically, besides the emphysematous condition previously noticed, and which was especially apparent about the middle and

superior portions of the anterior surface, the lobes were found to be occupied throughout with translucent miliary tubercles in tolerable abundance, varying in size from that of a millet-seed to a grain of rice; no yellow tubercle; the lungs crepitated throughout. It is proper to mention that, on turning back the sternum, it gave way near the articulation of its body with the *manubrium*, the appearance of the fracture evidencing a diseased condition of the bone; its tissue being softened and infiltrated with a reddish grumous matter.

CASE OF INTUSUSUSCEPTION IN A CHILD

By F. B. RICHESON, M.D.,

OF GOLD SPRING, N. Y.

JUNE 28, 1860, at 8 P.M., I was called to see William K., *et. seven months*. The mother stated that it had always been healthy, and that a few days before its bowels were rather loose, but were regular until about two hours before, when it was taken with "cramps," and shortly afterwards commenced to vomit. On examination, the patient had no fever; tongue was natural, and on careful examination of abdomen, nothing unusual was discovered. In fact, it appeared well, except at uncertain intervals it would show indications of pain by moving its limbs and crying out, etc. Small doses of calomel were directed to be placed on the tongue, together with lime-water and milk, to arrest vomiting; and if it did not get better soon to give injection of tr. opii and water. *June 29, 8 A.M.*—Patient continued to vomit a yellow fluid from time to time during the night; the injection arrested it for a time; had a small mucous discharge. Continued calomel and lime-water, and gave an enema of warm water and soap, which had no effect. At 8 A.M. there was no change; a little bloody mucus was passed; once or twice bowels a little distended with wind, and in the left lumbar region can be felt a soft movable tumor about the size of a pullet's egg. Ordered another soap and water enema, to be followed by an anodyne injection. *June 30, 8 A.M.*—Still vomits a yellow inodorous fluid; thirsty and restless; the tumor more marked; passed a gum catheter into the rectum until it met with resistance (six inches), and then threw in through it warm water, but it was immediately ejected. 8 P.M.—Dr. F. D. Lente saw it, and under influence of ether succeeded in passing the tube further in, and after throwing in some warm water thought the tumor had disappeared. *July 1, 8 A.M.*—The tumor can be felt as before, and it is now evident that it is the cause of the little patient's suffering; and moreover that it is connected with the intestine, and probably an intus-susception. It continued with the above-mentioned symptoms, and died on the night of the 3d.

Autopsy, four hours after death.—There was very little distension of abdomen, and the tumor could be distinctly felt. On opening the cavity we found very little indication of general peritonitis, but considerable in the region of the tumor. Removing the intestines carefully we found the tumor to consist of an intus-susception of all that portion of bowel included between two inches of the lower end of the ileum and two inches of the lower portion of the descending colon, into which two inches the gut was impacted, but was easily drawn out. There was some congestion of the included part, but no indication of sloughing, which we were surprised to see.

CASE OF CONGENITAL INGUINAL HERNIA (STRANGULATED).

By J. C. HUTCHISON, M.D.,

PROFESSOR OF OPERATIVE SURGERY AND SURGICAL ANATOMY, LONG ISLAND COLLEGE HOSPITAL, SURGEON TO BROOKLYN CITY HOSPITAL, ETC.

Mr. H., aged about thirty years, while straining to evacuate his bowels, on 3d September, 1860, observed that a

tumor appeared in the left inguinal region, accompanied with considerable pain. The pain continued for two or three hours, with vomiting, when he was seen by a surgeon, who recognised a hernia and succeeded in reducing it by the taxis. Mr. H. had never before observed a tumor in this region. The hernia did not come down again, although no truss was worn, until September 13, at 2½ o'clock, P.M., at which time he suddenly felt pain in his bowels, with a desire to go to stool; he passed nothing from his bowels, but during the effort the hernial tumor again appeared. He was seen soon after by Dr. John Vanness, who used the taxis faithfully, but could not reduce the tumor. At the request of Dr. V. I saw the patient about 9 P.M. His general appearance was good; pulse seventy-five; tongue coated; occasional vomiting (not stercoraceous); singultus; no abdominal tenderness. The tumor was mostly within the inguinal canal, a portion about the size of the testicle projected through the external ring, the pillars of which constricted the protrusion so as to divide it into two portions of unequal size, the larger being within the canal. The lower portion could be easily returned within the canal, with a gurgling sound, but would reappear immediately on removing the finger from the external ring. The tumor was not very painful to the touch, but every five or eight minutes the patient complained of severe twinges of pain, which he supposed was owing to gas entering it, increasing the tension, and then passing out again. It was resonant on percussion. The patient being placed in proper position the taxis was again made, until we became satisfied that the reduction could not be thus effected. Ice was now applied to the tumor as long as it could be borne, but to no purpose. An injection was administered, and brought away a few lumps of hardened feces. His tongue being covered with a thick yellowish coat, he was ordered a mercurial cathartic and we left him for the night (after having continued our efforts to reduce the gut for four or five hours), hoping that nature might come to his relief after a time. The symptoms were not so urgent as to demand an immediate operation. At 5 P.M. on the following day, his general appearance had not altered, vomiting continuing, no movement of the bowels, and no obvious change in the condition of the tumor. The taxis was again employed, but to no purpose, by Prof. Frank Hamilton, who now saw the patient and rendered me valuable assistance during the operation. At the suggestion of Professor H. his hips were then drawn up over the foot of the bedstead so as to place the body in an inclined plane, and the patient directed to strain while the taxis was re-applied; he was also placed on his knees and elbows, with his head bent between his arms, and the taxis applied while in this position, but without effect. He was again put under the influence of chloroform by Dr. Vanness, and another effort to return the gut by the taxis having failed, I proceeded to operate. The incision was commenced half an inch above the external ring and carried downwards two and a half inches in the course of the spermatic cord, through the skin and the cellular tissue. The inter-columnar fascia, cremaster muscle, and transversalis fascia were successively divided on a director and the hernial sac exposed. These tissues were easily recognised in the dissection; the hernia being recent, they had not undergone those changes which take place when the disease has existed for a long period. The sac was somewhat congested and distended with fluid, through which the intestine could be felt about half an inch below the surface. When opened, about one ounce of bloody serum escaped, exposing the contents (intestine), which were found in a fit condition to be returned into the abdomen. The left forefinger was passed into the canal and detected a tight stricture at the internal ring, through which I endeavored to pass a hernia knife on the finger, but found it impossible to do so, both on account of its tightness and the distance (the whole length of the finger) of the internal from the external ring, which rendered the manipulation inconvenient. The finger was withdrawn and the external ring

divided upwards and outwards three-fourths of an inch, so as to enable one to reach the stricture more conveniently.

Finding it still difficult to introduce the knife through the stricture, I ruptured it with the finger, and was at once enabled to reduce the hernia. The edges of the internal ring were well defined, sharp, and hard, giving an impression to the finger not unlike that produced by pressing on the cutting edge of Gimbernat's ligament. The testicle presented itself at the opening in the sac after the bowel had been returned, which indicated that the communication between the peritoneal cavity and the tunica vaginalis had never been closed. The superficial external pudic artery was divided in the first incision, and required the application of a ligature. The wound was drawn together by two sutures and adhesive straps, and covered with a compress and T-bandage. The influence of the anæsthetic soon passed off and the patient expressed himself as feeling comfortable; pulse, seventy-five. Ordered opium gr. ij., and gr. j. every two or three hours subsequently, until sleep should be produced. On the following day his pulse was seventy-eight, and he complained of great thirst; some pain in the wound; had vomited once the previous night; and had had two evacuations from the bowels. No untoward symptoms appeared from this time, and on the twelfth day he had sufficiently recovered to go to his business in New York.

The above case offers several points of interest:

1. The parts were congenitally in a condition for the development of a hernia; that is, the pouch of peritoneum which was carried down by the testis as it descended into the scrotum before birth, and which communicated by its upper extremity with the peritoneal cavity, had never been entirely closed. This was proved by the presence of the testicle in the sac, and yet a hernial tumor had never appeared until the period above mentioned.

2. Notwithstanding the stricture had existed for twenty-seven hours and was found to be very tight, the symptoms were by no means urgent; yet a delay of the operation for two or three hours would, I believe, have been fatal.

3. The hard, cutting border of the internal ring was an unusual feature.

4. The coverings of the tumor were in a normal condition, and could be recognised with as much facility as if no hernia had existed, and the distance between the rings was about as usual in health. This was owing to the fact that the hernia was recent.

5. The stricture was ruptured with the finger instead of being incised as is commonly done.

CASE OF ECLAMPSIA.

By E. MILES WILLETT, M.D.,

OF MEMPHIS, TENNESSEE.

I was called at five o'clock A.M., to see Mrs. G., æt. 35, who lacked fifty days to the completion of the term of her fifth pregnancy. She commenced flooding at two o'clock A.M. Upon examination, I found the os uteri not sufficiently dilated to introduce the point of the finger; hemorrhage inconsiderable. At the end of about two hours, I made another examination, but detected no change in the condition of the os. Ol. ricini was prescribed, which moved her bowels in a few hours. At my afternoon visit, she was suffering from pain in the region of the stomach, and had vomited several times. As she had lost a good deal of blood, I determined to rupture the membranes, when the head came down upon the os uteri. I pressed it back and allowed about half of the liquor amnii to escape; the pains then came on regularly. She soon after commenced to complain of strange sensations in her head, together with dizziness and dimness of vision, which led me to fear eclampsia; but as she had lost so much blood already, the lancet was not to be thought of. About six o'clock P.M., whilst sitting beside her, I observed, for the first time, that she held her breath and made an effort to bear-down; and on going to the

bed, I found the child's head born; another pain, and the whole child was expelled. I resorted to the usual method to establish the respiration of the child, tied the cord, and gave it to the nurse. On returning to the mother I found her flooding, and I accordingly placed my hand upon the abdomen, and attempted to stimulate the uterus to contraction, by kneading, etc.; applied gentle traction upon the cord. The uterus was now pouring out a considerable quantity of blood, and I determined to introduce my hand into the vagina and remove the placenta. As soon as the hand had passed the ostium vaginae, the uterus contracted and forced the placenta into my hand. During this last expulsive effort, she was seized with a terrific eclampsia—the inferior maxillary was drawn down on the one side, whilst the muscles of the neck, abdomen, superior and inferior extremities labored in violent spasms. Pallid, anæmic, with a quick and thready pulse, she remained unconscious for four days, and finally recovered under the influence of stimulants, tonics, and concentrated nutritious diet. In my opinion, a variety of causes, centric, emotional, and eccentric, conspired to produce eclampsia in this patient.

1. Spinal erethismus, developed during each gestation, manifested by convulsions in her first parturition, and by abortion in her second and third pregnancy. 2. Great loss of blood, producing spinal anæmia, which is as effectual in causing convulsions as the opposite condition. 3. The return of her husband, whom she had anxiously expected for several hours. 4. And last, though not least, the irritation of the excitor nerves of the vagina, occasioned by the introduction of the hand, for the removal of the placenta.

LIGATURE OF THE PRIMITIVE CAROTID,

FOR WOUND OF THE OCCIPITAL ARTERY IN THE OCCIPITAL GROOVE.

By ALFRED MERCER, M.D.,

OF SYRACUSE, NEW YORK.

I WAS called, March 18, at 9 P.M., to see J. McC., aged 22, who, in a fight, about half an hour before my visit had been stabbed behind the left ear. He was pale and faint from the loss of blood. On removing the cotton batting, saturated with blood, with which his neck was enveloped, I discovered a wound an inch in depth and two inches in length, the centre of which was two inches back of the external auditory meatus. The direction was from above, downwards, forwards, and inwards. A feeble jet forced itself up through the blood which filled the wound. I tried in vain to grasp the artery with forceps. Pressing the finger to the bottom of the wound, I could completely control the hemorrhage. My diagnosis was a wound of the occipital artery, and I thought if I could control the bleeding for four or five days by compression, the vessel would close up. Accordingly I filled up the wound with lint, and approximated the lips, afterwards securing them by sutures. This controlled the hemorrhage most perfectly for five days, the bandages being scarcely soiled. At the end of that time slight hemorrhage occurred. More bleeding followed on the sixth day, and Dr. Pease was called in consultation. On the removal at that time of all the dressings, so fearful was the hemorrhage, that Dr. P. was inclined to think that the carotid had been wounded. Under the circumstances, we both thought it impracticable to search for any wounded vessel. The flow could not be completely controlled by pressure as before, and we accordingly determined to ligate the primitive carotid, to save the life of the patient. This opinion was concurred in by Dr. Dunlap, who was added to the consultation, and the operation was performed above the omo-hyoid muscle, with the effect of arresting the hemorrhage temporarily. This was on the 24th. On the 27th, a slight secondary hemorrhage occurred, and on the 29th, pulsation being felt in the left temporal artery, a suspicion was entertained by Drs. Pease, Dunlap, and Trowbridge, that the main trunk had not been entirely occluded

by the ligature. A second ligature was accordingly applied through the old wound, but the pulsations in the temporal were felt as plainly as ever on the second day. No hemorrhage took place until the 8th of April, when Drs. Pease and Dunlap called, in my absence, to see the case. They opened the wound, and found that the blood escaped from a point just inside of the mastoid process in the situation of the occipital artery. There was then no resource left but to apply a compress over the bleeding part, and make use of pressure by means of the hand, which was kept up unremittently by the attendants until death ensued on the 10th, twenty-three days after the reception of the injury. On March 31, the right arm and leg were found to be paralyzed, and convulsions set in eighteen hours before death.

The post-mortem, ten hours after death, showed that the wound had extended in between the mastoid process and the transverse process of the atlas, wounding the occipital artery in its passage along the occipital groove. The posterior inferior edge of the mastoid process was denuded of periosteum. The ligature came away from the carotid with very little traction. The artery was perfectly occluded. Brain to all appearance healthy.

Reports of Hospitals.

NEW YORK HOSPITAL.

THREE CASES OF COMPOUND FRACTURE OF THE SKULL.

[Reported by J. L. LITTLE, M.D., House Surgeon.]

CASE I.—Compound Fracture of the Skull—Operation—Fungus Cerebri—Recovery.—T. Kelly, aged 16, American, was admitted (service of Dr. Watson), Sept. 29, 1860, with a compound depressed fracture of the right parietal bone. He was thrown from a wagon, and while lying on the ground received a glancing blow from the wheel of a passing car. The scalp, including the pericranium covering the right parietal bone, was severely lacerated and thrown down over the ear. Patient at the time of admission was sensible, and no symptoms of either concussion or compression were present. About three hours after patient was etherized and the depressed fragments removed, leaving an opening in the bone nearly the size of a silver half dollar. The dura-mater was not wounded. Free hemorrhage from the diploe was arrested by pressing soft wax into the edge of the bone. The scalp was cleansed and replaced, and a compress and bandage applied. The following day these dressings were removed and cold water applications substituted. Patient progressed favorably up to the seventh day, when a slight protrusion from the opening of the skull was noticed. By this time a considerable portion of the torn scalp had sloughed, leaving a surface of the bone exposed, nearly the size of the palm of the hand. On the eighth day patient complained of a severe pain in the head, had delirium at night, pulse 144, and quite full. About eight ounces of blood were taken from his arm, which relieved the pain and brought down the pulse to 120; bowels freely moved; leeches applied to temples and behind the ear, and a blister to the nape of the neck. He passed a quiet night, and the next morning seemed to be much improved. Complained of but little pain in the head; pulse 88, and soft. A powder, containing two grains of calomel with about a tenth of a grain of opium, was ordered every three hours. After this no other brain symptoms made their appearance. The protrusion from the skull gradually increased in size until it reached the height of three-fourths of an inch, presenting the appearance of a large mass of granulations, in which pulsation was distinctly visible. The treatment consisted in occasionally sprinkling it with powdered chalk and the application of a light compress. After the second week it began gradually to decrease, until finally it reached the level of the surrounding granulations, and then gradually cicatrized over. Two months after the

injury two large pieces of the outer table of the parietal bone exfoliated, leaving a healthy granulating surface. At time of discharge the wound had entirely healed, with the exception of a spot the size of a twenty-five cent piece. The cicatrix covering the opening in the bone was very firm, feeling as if new bone had formed beneath. Patient's intellect did not seem to be in anywise affected by the injury.

CASE II.—Compound Fracture of the Skull—Death—Autopsy.—T. Otham, aged 10 years. This little fellow was admitted on the morning of the 28th of Feb., with a compound fracture of the skull, sustained by falling from a five-story building, while attempting to fly his kite. The fracture was situated over the right superciliary ridge, but no depression could be detected. At the time of admission the patient was unconscious, suffering from the shock of the injury. His pupils were normal, and responded to light. Warmth was applied by means of the heater, and a stimulating injection was given. Reaction was established in twelve hours, when he was able to answer questions intelligently. Pulse, 150. The following day patient sank into a comatose condition, which continued for three days, at the end of which time he died.

Autopsy.—A post-mortem examination was made, and revealed a very extensive fracture of the skull. The frontal, parietal, and occipital bones were involved in the fracture, which also extended through both super-orbital plates. No depression existed, exceeding one-eighth of an inch. The vessels of the pia-mater were intensely congested, and greenish pus was found beneath the arachnoid, at the base of the brain.

CASE III.—Compound Fracture of the Skull—Operation—Death.—W. Mier, aged 13. Admitted March 22, 1861. (Service of Dr. Buck.) This patient fell through a hatch-way, and sustained a compound fracture of the left parietal bone, with depression. On admission patient was unconscious; pupil of left eye more contracted than that of the right; right side of body paralyzed. Four hours after injury patient was etherized; the wound was enlarged, and with the rongeur, enough bone was removed to allow the depressed portion to be elevated. The limits of the fracture could not be determined. The night following the operation, patient had convulsive movements of the left side of the body, with twitchings of the muscles of the right side of the mouth. Pulse the following morning, 130; quite strong. He was leached on the temples, and put under the use of tartar emetic, and cold applied to the head. Patient continued in about the same condition until the third day, when he showed some signs of consciousness, which lasted only for a short time. He gradually grew more comatose, and on the seventh day died. No autopsy allowed.

CASE IV.—Fracture of the Base of the Skull.—John Gallagher, 18 years of age. This patient was admitted March 12, 1861 (Dr. Buck, attending surgeon), having about eight hours previously been injured by a bale of cotton falling on his head, from a height of eight feet. Patient at time of admission was perfectly conscious. Had free hemorrhage from the left ear, and from both nostrils; considerable ecchymosis of the upper eyelid of the right eye; pupil of the left eye more contracted than that of the right; vomiting; no paralysis. The next day reaction having taken place, patient was put on low diet, and tartarized antimony administered. Leeches were applied behind the ears. On the second day after the injury, paralysis of the left levator palpebre was noticed, and a grain each of calomel and ipecac was administered every four hours. The third day after the injury delirium commenced, and the patient was with great difficulty kept in bed. Still he answered questions intelligently, though reluctantly. The hemorrhage from the ear continued. From this time patient gradually grew worse. Paralysis of the muscles of the left side of the face was noticed on the seventh day. The vessels of the conjunctiva of the left eye were injected, and the cornea gradually grew opaque. The hemorrhage

from the ear continued until the eighth day, when it gave place to a yellowish serous fluid, which continued to be discharged until his death, which took place ten days after the injury. No post-mortem examination allowed.

LONG ISLAND COLLEGE HOSPITAL.

DR. FRANK H. HAMILTON'S CLINIC.

April 12, 1861.

[Reported by EDWARD A. BROWN, Medical Student.]

Delay in Acquiring the Use of Language, supposed to be due to Tongue-tie, but probably to imperfect Mental Development.—A little girl, four years old, was brought to the clinic by her mother, who said she did not speak as distinctly as other children of her age, and she thought that she was tongue-tied. The child looked intelligent, had nursed well when an infant, and had always been well. On examination it was found she could project her tongue beyond her teeth and lips half an inch, which fact Dr. H. regarded as sufficient evidence that the condition of the frenum lingue did not interfere with her articulation. Raising her tongue the frenum was seen to be normal in its dimensions. Dr. Hamilton took this occasion to make the following remarks:—There are two periods of life at which children will be brought to you to have the frenum lingue cut. Soon after birth, when it is found that the child does not nurse well, or at all; and from the third to the seventh or tenth year, when a delay occurs in the acquisition of language. In the first of these examples, the parents or friends seldom fail to attribute, as a cause of the refusal or inability to nurse, a shortness of the frenum. But you must remember that a child may be unable or refuse to nurse because it is feeble, or has a sore mouth, or has been kept too long from the breast, and hence lost the instinctive faculty or desire; it may be owing to the mother's milk being distasteful, or to its not flowing readily, or the nipple may be too small or contracted. Indeed, it is my opinion that some one of these causes will explain most of these cases. I am certain that I have never been able to trace it to a malformation of the frenum. I have cut the frenum occasionally to gratify the parents, but I am not aware that it ever did any good. Some gentlemen are of the opinion that, if the tongue cannot be lifted freely from the floor of the mouth, or projected beyond the lips, the child cannot nurse. I think this is an error. The tongue can grasp the nipple without being either protruded or lifted from the floor of the mouth; by mere contraction of its muscles it can be sufficiently thickened, and made to swell upwards towards the roof. I am sceptical, therefore, in relation to the benefit supposed to be derived from cutting the fillet, for this purpose. I do not speak of adhesions of the tongue to the floor of the mouth, but only of malformations of the fillet. In the second class of cases also I am equally sceptical in relation to the effect of this frenum in preventing distinct articulation, or even in producing lisping or stammering at a later period of life; but I wish especially to speak of its supposed influence in examples of delay in the acquisition of language, or of indistinct and imperfect articulation.

The causes of this delay are, according to my observation, deafness, partial or complete, in consequence of which instruction in sounds cannot be communicated to the child; or idiocy, partial or complete. Perhaps in some few cases other causes, such as being kept at play with children who are much younger, and who do not themselves speak distinctly, or a peculiar quiet and non-loquacious temperament; but in no case have I been able to convince myself that it was due to the frenum. When it is due to deafness or well-marked idiocy, the parents pretty soon make the discovery of the true cause. The examples of which I wish particularly to speak, therefore, differ from either of these. I have met with them quite often, and of some of them I have made notes, which I will give to you. I think they are all examples of slight

impairment of the intellectual functions, but in which the mind is not so much impaired as to discourage a hope that language will be acquired, and the child eventually show as much intelligence as other children. It is very important to make out these cases clearly, because they usually demand only that the parents should take unusual pains to instruct the children; and especially as we may, in a great measure, relieve the anxiety of the friends by assuring them that it is not likely to be permanent. I have heard it said of a distinguished physician of my acquaintance, that he did not speak a word until he was seven years of age.

The case before us is not so pertinent as some which I shall relate to you, for the child is quite young, and she already talks a little.

Delay in Acquiring the Use of Language, probably due to a Convulsion, and consequent slight Impairment of Intellect.—Nov. 1852. E. P.—, æt. 3, always healthy, except that he had a convulsion three months ago—only one convulsion, and this lasted but a few minutes. He now looks well and intelligent, says "papa" and "mamma," with two or three other words. Frenum rather short, yet not sufficiently so as to cause any impediment.

Loss of Use of Language from a Convulsion.—Henry Sereeter, æt. 3. An intelligent-looking child. Until three weeks before he was brought to me he could talk "well and plain." He then had a fever, accompanied with convulsions. He has had a discharge from both ears since he was one year old, which still continues, and was unabated during the fever. His hearing was impaired. He complained much of the time, during the continuance of the fever, of his head. Two weeks have now elapsed since his complete recovery, and he has not spoken a word. He answered promptly and correctly all questions put to him, even when addressed in a somewhat low tone, but his answers were made only by intelligent signs. He laughed and shouted, but did not articulate sounds. It is my belief that the convulsions and fever interrupted his mental operations, and that he had forgotten how to speak, and therefore did not readily recover his speech, because he was partially deaf. It is possible that his brain has suffered some positive and permanent injury.

Delay in Acquiring the Use of Language, in consequence of Impaired Intellect. M. D.— (of Buffalo), æt. 6, was brought to me April 4th, 1857. Never had convulsions, but during her third and fourth summer had diarrhoea often. Hearing perfect. Parents thought that she was not at all dull intellectually—they had only noticed that she had not learned to talk. She could say "pa" and "ma," and nothing more. I noticed, however, that she looked dull, and moved her head idiotically. The parents believed that the difficulty was solely in the frenum lingue, and could not think that she was less smart than other children. The frenum was natural, but in order to gratify the parents I cut it freely. I have never learned the result.

Delay in Acquiring the Use of Language, in consequence of Convulsions, and probable Impairment of Intellect.—Charles Pearson, of Buffalo, æt. 6, brought to me Feb. 22d, 1856. From the time of his birth until he was four years old he had convulsions. Never had any since, but had remained perfectly well up to that time. He could hear well, and looked intelligent, yet he could only say "pa," "ma," "pony," with a few other words. I assured the parents that with much painstaking they would teach him to talk.

Delay in Acquiring the Use of Language, in consequence of a Fall on the Head, and Impairment of the Intellect.—Aug. 2d, 1853. James Fanlin, æt. 6, of C. W., had had a fall on his head when he was two years old. Was unconscious for two days. When brought to me he appeared to be in tolerable health, but his bowels were tumid. His hearing was perfect, but he could only say pa, ma, with a few other words. He looked tolerably intelligent, but not perfectly so; and I told his parents that his delay in learning to talk was due to a degree of mental weakness. They thought that he must be tongue-tied. His frenum lingue

was normal, and I declined to cut it, but directed for him tonics and chalk mixture, to improve his general health, and regulate his bowels.

Delay in Acquiring the Use of Language at Eight Years; no cause ascertained, but probably due to a moderate Impairment of the Intellect.—Margaret Sullivan, æt. 8 years, of Geneva. Hearing perfect; tongue not constricted in its movements; utters simple sounds clearly and distinctly; had large and well-formed head; countenance intelligent. Her parents affirm that she has always exhibited all the intelligence of other children, and more than many of her mates, yet she can articulate only eight or ten words, such as "die, Jane, horse, go away, cow, mother;" the last word requiring a rapid motion of the tongue. She articulated distinctly.

As it is plainly due to neither a lack of the sense of hearing, nor to the absence of control over her tongue, I can only ascribe it to some partial lack of intelligence.

Foreign Body in the Ear.—April 9th, 1861. A little girl, six years old, was brought into the dispensary, and by Dr. Hamilton presented before the class with a bead in the right ear, which was placed there nearly a year since. No attempt had been made to remove it, except by her grandmother. It was found impossible to persuade her even to an examination. She could not be held for a moment without her screaming violently. Dr. Hamilton remarked—that before the introduction of anæsthetics, surgeons were often compelled to leave these foreign bodies in place, or submit the little patient to the greater risk of having the drum ruptured, and the membrane of the meatus torn by the rude thrusts of the probe and forceps. Now they can be easily removed, after placing the child under the influence of an anæsthetic. Therefore, with children, the attempt should never be made until the patient is rendered insensible. He mentioned that he had never more than once found, when a child was brought to him, the drum perforated, either as a result of a previous ulceration, or of violence employed in the efforts made to extract the foreign body; and that, what was supposed to be a pebble, or glass bead, was the smooth and hard bones of the internal ear, which the friends have been attempting to extract. Ether was administered freely to the child, after which a small glass bead was removed from the meatus auditorius externus with the probe alone, and without difficulty, although it was lying at the bottom of the meatus.

American Medical Times.

SATURDAY, MAY 18, 1861.

MEDICAL EDUCATION.—BELLEVUE HOSPITAL MEDICAL COLLEGE.

WE hasten to assure the reader, when his glance falls from the caption to the first sentence of this article, that we have no intention of inflicting upon him a lengthy disquisition on medical education. When we say this, we do not mean to disparage that subject. Hackneyed it certainly is to such an extent that not a few readers would regard a fresh discussion of it in the light of an infliction. Yet, none will deny the importance of the subject; and so long as evils are to be corrected, abuses to be exposed, defects to be remedied, and improvements to be made, it claims discussion, more especially at the hands of medical journalists. We do not intend to discuss any of these points now; but in making this disclaimer we give our readers fair warning that we may test their powers of endurance in this way at some future time. A vast deal has been written on medi-

cal education during the last twelve years, and a great many speeches have been made at the annual meetings of the American Medical Association, and on other occasions. How much has been effected by these efforts? Not much. This is not saying that medical education has been stationary during this period. Far from this—it has advanced in many respects; but we believe we are correct when we say, that the speakers and writers on this subject have accomplished little. We think this fact may be in a great measure explained without jumping to the conclusion that speaking and writing on the subject are of no avail. Reforms have generally been proposed requiring great and sudden changes, for which we are not prepared; requirements have been often advocated which demand uniform legal enactments in the different States—in short, a large share of the measures which writers and speakers have considered as essential, are simply impracticable. Some measures which have been proposed are of questionable propriety. Some measures, undoubtedly desirable, might be effected by united action on the part of all, or at least the majority, of the medical schools; and this, for various reasons, is not readily obtainable. Moreover, the spirit with which reforms have been advocated has not always appeared to be of the most unexceptionable character. There has been with some, apparently, a disposition to depreciate the efforts of those to whom the interests of medical education are committed, and to impute to them unworthy motives. Nothing surely can be more unwise than this, if it be an object to accomplish speedily good results.

Tiresome as the subject of medical education has become to many, its importance demands that it shall continue to be discussed. And the general question which should guide the discussion we conceive to be this: By what practicable means is medical teaching to be rendered more efficient, and a higher standard of medical attainment to be secured? In viewing this question, we must take as a stand-point the circumstances belonging to our own country. It is impossible, nor is it desirable, that our institutions should be modelled in all respects after those of Europe. For the present, little is to be expected from legislation, either in the way of support, encouragement, or protection. Medical education, with us, is left in the hands of those to whom, in a selfish point of view, it is of far less importance than to any other class in the community, viz. the members of the medical profession. It will, perhaps, not be so always, but so it now is, and so it will be undoubtedly for some time to come. This fact alone places the subject on a basis widely different from that on which it rests in other countries.

In order that certain of the practicable means for the advancement of medical education shall be successfully carried out, concert of action on the part of medical schools is necessary. We believe this is to be done only by a permanent organization of a body composed of representatives of all the schools. This we know has been attempted, and it would seem to afford small encouragement for another attempt, when it is considered that nearly the whole of the session of the so-called Convention of Delegates from the Schools, subsidiary to the American Medical Association in 1860, was occupied in discussing a proposition aimed at spring or summer schools. But it is to be borne in mind that very few schools were represented in that body, and, moreover, the propriety of making such a body an

appendage to another body, so mutable, as regards attending members, as the American Medical Association, is more than questionable.

We fear that by this time the reader begins to distrust the assurance given in the first sentence of this article. We have written more than we had intended, relative to the discussion of medical education, but we repeat, we have no intention of entering into the subject at this time. The creation of a new medical school in this city, in connexion with Bellevue Hospital, suggests some remarks bearing on the subject of medical education, and to these we shall devote the remainder of the article.

They who have been conversant with the medical schools of this country for the last twelve years, must have observed a change which has been steadily progressing, and which is certain to eventuate in this result, viz. the concentration of medical classes in a few metropolitan cities of our country. Twelve years ago numerous medical schools in villages and the smaller cities had large classes; some of them, indeed, larger than the classes attracted to the metropolitan schools. The tendency to centralization has been more and more apparent from year to year, and now, with perhaps not more than a single exception, none of the schools which, by way of comparison, but in no derogatory sense, may be called provincial, can boast of large classes. In the meantime, in the cities which from their size and position are *par excellence* metropolitan, the classes have not diminished, and in certain of them they have greatly increased. The cities to which reference is especially made are, New York, Boston, Philadelphia, and New Orleans. The increase in the two latter (for reasons which we will not stop to consider) has been greater, up to the present time, than in the two former of these cities.

All effects must have adequate causes; and for the change just mentioned, an explanation is afforded by the increasing importance attached to clinical and demonstrative medical teaching.

During the last twelve years a change in the manner of teaching has been going on, not less marked than the change having reference to medical schools. Written discourses on the theory and practice of physic, read, with scarcely any alteration, from year to year, were formerly acceptable enough, but they fail to meet the wants of the student of this day. He must have abundant bedside instruction in conjunction with didactic lectures; and the latter, if read, not spoken, must be from manuscript which does not show too much the traces of time. It does not satisfy to describe surgical operations and illustrate them on the cadaver, but their performance on the living body must be seen. Plates and manikins will not suffice for the study of obstetrics, but cases of labor must be furnished and obstetrical operations witnessed. It will not answer to enunciate from the desk the astonishing developments of recent physiological research, but the organs of the body in action must be exhibited by skilful vivisections. These requirements will lead medical students more and more to points where they can be most fully met, and here we have the reason of the law of centralization, the operation of which is so obvious.

The resources for clinical and demonstrative teaching in all the practical branches of medicine are, of course, greater in proportion to the size of a city; and hence, in this respect, New York takes the precedence over any other city in this country; and if these resources are developed

and made available to the fullest extent for medical instruction, its precedence as the great centre of medical education is a mere question of time.

The Bellevue Hospital Medical College starts on a basis which is as yet untried in this country on so large a scale. The plan of engrafting a medical college on a hospital of such size at once commends itself to those who feel an interest in medical education. The great advantages are sufficiently obvious. Will it succeed; that is, will the plan be successfully carried out, and will it be sustained? Originating with the Board of Commissioners who control the hospital and other public charities, and receiving their hearty co-operation, with a faculty consisting of working men, and all practised teachers, it certainly will not fail through any lack of energy and experience on the part of those who have pledged their efforts for its success. It remains to be seen how far their efforts will meet with a response from the medical profession of this country. If the short course of lectures on military surgery and surgical operations, recently given under the auspices of the college, by two members of the faculty,* be in any manner a precursory sign, the first session of the Bellevue Hospital College will form an important epoch in the history of American medical schools.

Thus far the undertaking has met with nothing but encouragement and approbation. It is to be hoped that the institution will be so conducted as to deserve the good wishes with which it begins its existence. Let it pursue a straightforward course, earnestly bent on the means of success, but always respecting the rights and privileges of others. Let it enter the lists with other schools, guided by a spirit of honorable emulation, scorning acts which proceed from a petty rivalry. In short, let it establish its claims to confidence and support on its fidelity to the objects for which it has been created, viz. to aid in developing and rendering fully available for medical instruction the immense resources of Bellevue Hospital and other public charities; and not only is it safe to predict for it a brilliant success, but it will contribute to the prosperity of other schools which now exist, or may hereafter exist, by aiding to hasten the time, which must surely come sooner or later, when the city of New York will be the great centre of medical education, as it is the great commercial metropolis of the American continent.

THE WEEK.

VACCINATION will not be a needless protection to the volunteer regiments that are now crowding the Military Depôts of this State. Already they have begun to experience the sad consequences of waiting the operation until the virus shall be applied, according to regulations, when they are actually mustered into the Federal Army. Not only has small-pox occurred in several military companies soon after their departure from this city, but we have actually seen a case of the disease in a volunteer *in transitu* to the pest-house from a military rendezvous in Broadway! And at this moment a son of one of our medical friends is down with varioloid, which he contracted by exposure as a volunteer at another rendezvous. New York city is the grand dépôt of small-pox infection for the Western Continent, and we thank the Surgeon-General of our State Militia for issuing

* Professors HAMILTON and WOOD.

the following Order. He has rightly judged it unsafe for recruits to be quartered in this city without vaccination. This Order will produce valuable statistics, and will save some lives:—

STATE OF NEW YORK, SURGEON GENERAL'S OFFICE, ALBANY,
May 12, 1861.

GENERAL ORDERS, No. 4.

The Surgeons of Regiments will *immediately upon their formal appointment* as such, proceed to vaccinate every member of the Regiment.

They will forward at as early a day as possible to this office the following facts:—

1. The number of men vaccinated.
2. The number upon whom existed evidence of previous vaccination.
3. The number susceptible to the virus.
4. The number susceptible to the virus who had been previously vaccinated.
5. The age, as near as possible, of those susceptible a second time to the virus; with such remarks as may, in the opinion of the surgeon, illustrate more fully the above points.

By order of the Commander-in-Chief,

S. OAKLEY VANDERPOEL, Surgeon-General.

SOYER inspired greater confidence and gratitude in the minds of Crimean soldiers than RAGLAN or any military leader; for the art of cooking as applied by SOYER in the camps and barracks of a nearly ruined army, at once redeemed them from debility, dysentery, and other maladies. A recent Report of the Central Association of Relief makes the following excellent suggestions for the benefit of the Federal Army.

The dietary and cooking of the army is one of the principal gates through which disease attacks it, and it is even more true of volunteers than of regulars. According to the common rule, so many barrels of pork, beef, beans, sugar, so many bags of coffee, etc., are made over to the regiment for the week, divided among the companies, and that ends the care of the Government. The cooking of this food is a matter of company regulation, and they select, say two men from each company, *to guess how to do it*. "Beans," said Dr. Satterlee, "kill more than bullets."

Now imagine the beneficence of reform which should attach by Government authority a competent cook to each company—a man specially skilled in cooking in the best manner the few simple articles the soldiers eat. If necessary, a hundred such persons could be prepared in a month's time. And would not proper cooks going with the army be even better than good nurses going after it? Would not the percentage of illness be very seriously diminished by such a precaution?

The duty of preparing to meet such sickness as cannot be prevented, with skill and humanity, involves preparations for sending both medical men and nurses to the seat of war, when called for. Several considerations seem in place here. The necessity of these preparations will appear, when we reflect that in all probability 200,000 men will be in the field for one year—and 100,000 for three years—and that against the regular percentage of illness in so large a body as this, independent of the casualties of battle, some extraordinary preparations are required.

Moreover, these men are to go from a Northern healthy region—the largest part of them five degrees south of their natural climate, where, by the statistical tables, we find that the chances of illness and death in the army are about doubled; and many of them to a position in the extreme South, where the chances against them are quadrupled. Still further, the largest portion of those troops are raw, and the Mexican war proved, that while the old army lost 1.20 per cent. a month, the ten new regiments lost 1.79, and the volunteers 2.13—nearly double that of the old regulars!

Our troops are going, too, in the worst season of the year to begin a campaign; for before they are hardened to exposure, they are to meet the heat and miasmas of the more Southern climes. We must expect fevers, dysentery, catarrh, perhaps cholera (now indigenous), and it becomes us to be making every preparation which belongs to the volunteer associations, medical or feminine, against the time when physicians and nurses will be in great demand. We doubt not that a sagacious examination of the medical statistics of the United States Army would enable experts to foreshadow, with accuracy, the demands of the service, in this campaign, upon the kind of aid which we are engaged in furnishing. It is obvious that although women nurses are not provided for in the army regulations, yet they are capable, under careful regulations, of being most efficiently worked into the system, and their services, we have reason to think, would be most heartily welcomed. But they must be trained under the thorough system contemplated by our society to be efficient. It is a serious question whether, after advice from the Headquarters, a School of Cooks, who should be men, ought not, under medical direction, to be opened with the same general caution that surrounds our school of nurses?

We are pleased to notice the manner in which the examination of candidates for graduation in the Medical College of Ohio was conducted at the recent commencement of that school. The President of the State Medical Society, Dr. CONKLIN, in accordance with the instructions of the Society, appointed a commission consisting of Drs. McMEENS, KINCAID, DORSAY, and BONNER, who with himself formed a Board of Censors, to attend the examination of candidates for graduation. The examination was conducted as follows:—Each Professor wrote on the black-board ten or more questions, selected by himself or by any member of the Board of Censors, which the candidates were required to answer in writing; one hour was assigned to each Professor. The Censors were thus enabled to decide as to the medical and general qualifications of the candidates. This course of examination should be adopted in every College, and our State Medical Societies should insist upon the attendance of its Censors. There are Schools which affect to ignore such Boards; but if the Central Society assert its determination to have a voice in deciding as to the qualifications of graduates, it will triumph, because it has the profession to sustain its reasonable demands.

The excitement which pervades the public mind has proved fatal to the Summer Courses of Lectures in many of the Northern Medical Schools. Would it not be well for those engaged in teaching to change the subjects to such as are immediately connected with the new duties which students are anxious to assume, as assistants in the medical corps of the army? Lectures on Surgical Dressings, Operations, &c., now prove unusually attractive to students in this city.

DR. IGNATIUS LANGER, of Davenport, Iowa, communicates to the Boston *Medical Journal* the following precious morsel of scientific intelligence:—"The latest chlorate of potash catastrophe has bridled that hobby for good, as previously it was difficult to separate here, the symptoms of the disease from those of the injudicious use of that otherwise useful remedy." The trifling manner in which the writer alludes to the universally lamented death of Dr. FOUNTAIN, a willing martyr to science, is utterly unworthy a member of a liberal profession. When we recall the generous devotion of Dr. Fountain to his profession; his varied and valuable

contributions on scientific medicine; the ardor with which he devoted himself to its advancement; and finally that crowning act in which his enthusiasm led him to sacrifice life in early manhood in order to solve a doubtful question of therapeutics, we feel that the fair fame of such a man belongs to the entire profession, and should be sacredly cherished, alike from disparaging insinuations and the sneers of envy.

It will be seen from the correspondence in another column that the Medical Board of Bellevue Hospital have tendered their services to the Governor of the State in the organization and management of the military hospitals which it may be necessary to establish in the neighborhood of the army when engaged in hostilities. We gather from the Surgeon-General's reply that this service belongs to the General Government, and that for the service of the State the arrangements have been made, through the Inspector, Dr. Agnew, with the Governors of the New York Hospital.

Obituary.

DAVID MEREDITH REESE, M.D., LL.D.

THE decease of this well known physician will be quite unexpected to the profession, so recently did he announce himself as convalescent. He was deceived as to the true nature of his disease, and was so encouraged by the first symptoms of improvement, as to regard his case as curable. He had long suffered with symptoms of cardiac disease, which, during the latter part of winter, became more manifest. The particular lesion was in the aortic valves, leading finally to dropsical effusion. For several weeks before his death the lower extremities became enormously distended, and large quantities of the effused fluid constantly escaped through abrasions. This condition resulted in mortification of the feet and legs, and upon this supervened tetanic symptoms, with which life was terminated, Monday morning, May 13. He was attended by Drs. Mott, Carnochan, and O'Reilly.

Dr. REESE was born in Maryland, about the year 1800. He graduated in medicine at the University of Maryland, March 26, 1819, his inaugural thesis being *De Mania Religiosa*; and settled in practice in Baltimore. He passed through the epidemic fever which devastated that city in 1819, and wrote a 12mo. pamphlet upon it soon after its disappearance. He was afterwards appointed "Professor of the Institutes of Medicine and Surgery and Medical Jurisprudence in the Washington University of Baltimore," and subsequently held professorships in the Albany Medical College, New York, and the Castleton Medical College, Vermont. It was about this time that Dr. Reese took up his residence in New York. He acquired so much professional and political influence as to be appointed Resident Physician to Bellevue Hospital, a position which he retained for several years, until the office was abolished in 1849.

In 1830 he brought out a new edition of Cooper's *Surgical Dictionary*, his most important literary undertaking. This work had previously been twice republished in this country—first edited by Dr. Dorsey, of Philadelphia, under whose supervision it passed through a second and third editions; and subsequently a fourth London edition appeared, which was republished with an appendix by Mr. William Anderson, of New York. The author issued a fifth and sixth London edition, and it was the latter which Dr. Reese edited. He also edited a seventh edition, which was published by the Harpers in 1848, with a Supplementary Appendix designed to embrace "all the recent improve-

ments in Europe, since the date of the former edition in 1838, and a record of the meritorious operations performed by American surgeons." The editorial notes contain much matter of interest relating to American surgery, but the historical portion is not sufficiently authentic.

On retiring from the hospital, Dr. Reese engaged in private practice, and soon after began the publication of a weekly medical journal, which, however, was soon changed to a monthly, in which form it has continued to be regularly issued up to the present time. It has been a periodical of no scientific merit, being the medium rather of the loose scandal afloat in the profession; its circulation and its influence have been limited.

Dr. Reese was one of the original members of the Academy of Medicine, and drafted its first constitution. He always took a deep interest in its affairs, was seldom absent from its meetings, and entered heartily into its discussions. He was a ready and fluent speaker, a good debater, familiar with parliamentary rules, and often succeeded in carrying his point by the skilful use of this knowledge. At the meeting of the American Medical Association held at Nashville, Tennessee, in 1857, Dr. Reese was elected second Vice-President. During the following year he gave a certificate in his official capacity to an expelled member, who was an applicant for the post of Resident Physician in the Blockley Hospital, Philadelphia. This person succeeded in his application chiefly through this certificate. The course of Dr. Reese created so much feeling in the profession, that at the next meeting of the Association he was compelled to offer an apology for his course; the apology was accepted, and the subject dismissed. On the reorganization of the New York Medical College last year, Dr. Reese was appointed to the Chair of Practice of Medicine, and during the past winter gave a full course of lectures.

As a writer, Dr. REESE was widely known not only in medicine, but in politics, religion, &c. He wielded a rapid and vigorous pen; but he was neither happy in the choice of subjects, nor in the manner of treating them. His arguments were too often specious, his style inflated, and his illustrations inapt. He exhibited an almost total want of power of discriminating the true character and motives of men, and was thus frequently led to attack with great vehemence the best members of the profession, and attribute to them motives which a generous mind would scorn to entertain. This unfortunate peculiarity brought him in constant and unfriendly collision with his professional brethren, and completely nullified his influence. His most useful papers were his reports to the American Medical Association, the last of which, on Medical Education, is replete with mature and well digested views of this all-important subject.

The following is a list of his published works, as far as we can ascertain:

Observations on the Epidemic of 1819, as it prevailed in a part of the city of Baltimore; comprising an accurate history of its origin, progress, and effects, as far as they can be ascertained; to which are affixed by way of appendix, some remarks on the medical treatment of the disease, as found successful in the hands of the most distinguished members of the profession. Baltimore, 1819. *Humbags of New York: being a remonstrance against popular delusion, whether in Science, Philosophy, or Religion.* New York, 1838. *Hydrostatics, Hydraulics, and Pneumatics.* Philadelphia. *Introduction to the Sciences.* Philadelphia. *Medical Lexicon of Modern Terminology.* New York. *Mechanics' Second Book of Philosophy.* Philadelphia. *Phrenology known by its Fruits.* New York, 1836. *Quakerism vs. Christianity, being a reply to S. H. Coz's Quakerism not Christianity.* New York, 1836. *Treatise on Epidemic Cholera.* New York, 1833. *A Brief Review of the First Annual Report of the American Anti-Slavery Society.* New York. *Letters to the Hon. William Jay, being a reply to his Inquiry into the American Colonisation and American Anti-Slavery Societies.* New York, 1836.

MEDICAL COLLEGE OF OHIO.—The following changes have occurred in this school:—Professors Hibberd, O'Leary, and Keene have resigned, and Professor Graham has been transferred to the Chair of *Materia Medica*; Prof. Lawson has been appointed to the Chair of Theory and Practice; Dr. Armor, of Dayton, to the Chair of Institutes of Medicine; and Dr. Comegys to the Chair of Chemistry.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, March 27, 1861.

DR. A. C. POST, PRESIDENT, IN THE CHAIR.

SUDDEN DEATH FROM UNSUSPECTED BRIGHT'S DISEASE.

DR. A. CLARK presented a specimen of Bright's Disease of the Kidney, with the following remarks: There is nothing novel in what I have to say, but there are so many instances in which Bright's disease produces its mischief, arriving at the fatal point before we are induced to appreciate it, that perhaps we cannot have too many specimens presented illustrating that fact. These two kidneys were removed this afternoon. They are specimens of fibrous disease, with here and there a serous cyst; are much below the ordinary size, neither weighing over two ounces. The cortical portion has nearly disappeared, the whole structure being fibrous and tough without being hard. The history of the case is this: A young gentleman, in the practice of Dr. S. Conant Foster, had been rather ill for some time, but not sufficiently so to be taken from his occupation as a clerk. For some time it was noticed that his countenance was rather pale, and twice within the last few weeks those who were intimate with him, had noticed a little swelling of his face. This is about the whole of the history previous to the fatal attack, which I will recite. He had the habit of biting his nails, and had bitten the thumb nail so close to the flesh as to produce a little soreness. The pain consequent upon this was very severe, and depriving him of sleep, he was accordingly advised to take a certain quantity of Squibb's preparation of opium (liquor opii compositus). Taking twenty-five drops, and it producing no effect, he took another dose, in an hour, of the same quantity, and still a third dose, of about the same amount, making something like eighty drops in the course of two hours. This was Monday evening. On Tuesday morning, about three or four o'clock, he was visited by some of the family, and was sleeping quietly. At a later hour, if I remember rightly, his brother reported that he was awake, and appeared to be cheerful. At seven o'clock Dr. Foster was called, but he found him deeply comatose, his breathing was nearly obstructed by spasmodic closure of the larynx, so much so as to render it necessary in his view to introduce his finger to see if there was any obstacle. In doing this he drew the tongue forward, and the patient afterwards breathed freer, but there was no return of consciousness. At eight o'clock the Doctor sent for me to see him. Then he was, as before, quite insensible, one pupil was moderately contracted, and the other quite decidedly dilated. The question was, What influence had the opium upon this condition, and how far is it produced by special disease to be ascertained? The condition of the pupils, and especially the mode of breathing, seemed to exclude the idea of opium being the cause—the breathing not being the long deep breath of opiate poisoning, but it was of a character such as is seen in overwhelming cerebral disease—an attempt at inspiration, the larynx moving downwards, but no air entering, then another attempt, and still another, and perhaps a fourth, and lastly, a more vigorous one, the larynx opening and the lungs being gradually filled; the attempts at breathing being as frequent as in an ordinary healthy person. This kind of breathing continued as long as he lived; he could not be aroused by any pinching or by the use of the sole of the slipper upon the exposed skin, or by any means that we could devise. He died at four o'clock, in the afternoon of Tuesday. There was no oedema of the feet, nor any portion of his body, during this last day of his life, except, perhaps, a slight oedematous swelling of the thumb, which, however, could be accounted for by the injury to the flesh underneath the nail. Dr. Smith and Dr. Peters saw the young man at twelve o'clock, yesterday.

We had a suspicion that this young man's disease might be uræmia, and I took over at that visit a test tube for the purpose of examining the urine, but something prevented its being used, and the next visit I had the same tube in my pocket, but could not use it, as the patient was dying.

Autopsy.—In the post-mortem examination, in which Dr. Swift took the laboring part, the disclosures were as follow:—Lungs no further diseased than they usually are in persons who have had embarrassment in their breathing. The mucous membrane of the stomach, over most of its surface, was pale; on the inferior curvature, at points, congested considerably. The heart was in a healthy condition. The brain was unusually dry, and unusually free from blood; a little softening throughout its tissue, but no special softening. On the convexity were a few threads of what appeared to be lymph matter, beyond which there was no evidence of inflammatory action. The ventricles did not contain an unusual amount of fluid, and the choroid plexus was rather pale. There was no local softening. The optic nerves were noticed to be of considerable firmness, which was supposed to account for the amaurotic symptoms. There appeared to be no disease of the grey ganglion of the brain. The kidneys presented the appearance which can be studied on inspection of these specimens. The urine, which was taken from the bladder, was of a marked color and opaque; it has not yet been examined further than to ascertain that a few drops of nitric acid threw down a very heavy whitish precipitation. The chief interest for reciting the case is, that every little while we are all of us surprised by an unexpected death occurring either through convulsions or coma, or in some other way, when we have had very little reason, perhaps none, to suspect the existence of any material change in the kidney. It is proper to say that this young man had syphilis three years ago, for which he was treated by mercury.

MALIGNANT DISEASE OF THE PERIOSTEUM.

DR. JAMES R. WOOD presented a specimen of tumor of the thigh, and gave the following history of the case: A year ago last month I was consulted by a gentleman from Kingston, N. Y., who had a tumor on the lateral and internal aspect of the thigh. This swelling first made its appearance about ten months before, and had been gradually increasing, giving rise to occasional attacks of pain and constitutional disturbance. It was believed to be a malignant disease, and amputation was proposed. He went home, returned to the city again, and consulted Dr. Parker, who agreed with me in my opinion. I was requested about a fortnight after this to amputate, which I did. The case did perfectly well, the stump healed by the first intention, except where the ligatures were placed, and the patient appeared to grow fat. I heard from him occasionally either through his physician, Dr. Von Hovenburgh, or his friends, and until up to February 7, when I was told that he had some trouble about his lungs, that he had had a tumor growing upon the sternum, and another upon the clavicle. During the month of February he died. The tumors that appeared upon the sternum and clavicle were all, I have no doubt, of the same character as the tumor of the thigh here exhibited. This tumor commenced in the periosteum, and was of a malignant character, being made up of bony material and cerebiform cancer. It is not usual, I believe, that this disease commences in the periosteum; but, on the contrary, first shows itself in the medullary cavity of the bone, and extends from the centre to the periphery. There is a good deal of hardening of the bone at different points, but at the upper portion there is a very marked fatty degeneration. A well executed picture, representing the parts in a recent state, was also shown.

DR. CLARK stated that we were apt to be unguarded in our statements in relation to the recurrence of cancerous tumors, and illustrated the fact by citing the following case: A gentleman, said Dr. Clark, having a large pulsating tumor on the inferior portion of the scapula, was desirous that it should be removed, for particular reasons, if it

would give him any chance for a few months of life; and it was removed. At the time of its removal it was supposed to be the only malignant tumor about him. From some accident in the operation he died, in consequence of a hemorrhage, within thirty hours from the time of the removal of the tumor. I made the post-mortem examination. He had malignant disease of the inferior and posterior surface of the clavicle that cut it nearly half through; he had also a fungous malignant growth in the cavity of the knee-joint; and, in addition to that, a small cancerous tumor, of the size of a bean, forming in the coats of the colon. What I was about to say was, that had he survived the operation, and had the wound done well, it would very soon have been said that the cancer returned in the clavicle or knee-joint, and in such a case as that I can conceive it possible that two or three cancers might be removed in succession, and it might be said that they returned, when, in truth, they existed at the time of the first operation.

CANCEROUS DISEASE OF THE RECTUM.

Dr. Wood exhibited a second specimen, taken from a lady of this city, about forty years of age, who some seven years ago first complained of pain, at times excessive, in the right sacro-iliac synchondrosis. She was treated for it by several physicians. When I saw her, about eight months ago, she complained of pain referable to this point, and to the point of the coccyx. After a careful examination I could find no other symptom than that of pain on pressure. She stated that she was very much constipated, and that when passing her feces there was a good deal of pain. I examined her per rectum, and found that I could reach with my finger a point of constriction. There was then no abnormal discharge. I treated her with iron and iodine. She appeared to be relieved by this treatment, and went to the sea-shore, but when she returned she was still suffering from the pain, and some little discharge from the rectum. Upon examination of the point over the sacro-iliac union I found a little puffiness. This continued to increase, and with it the difficulty in voiding the feces, until it was almost impossible to obtain a passage except by the use of saline cathartics, which I gave in small doses. I introduced a bougie, and found the constriction of the rectum high up. She continued to grow worse, and a week before she died Dr. Clark saw her with me. She then had a tumor over the sacro-iliac symphysis, perhaps the size of half a goose's egg, and it fluctuated, but it was not opened. There was then a good deal of very offensive discharge from the rectum. She died from exhaustion, and, upon making a post-mortem examination, I discovered no pus in the tumor, but in its stead cancerous matter, which was likewise deposited in the adjacent bony structures. The viscera of the pelvis were more or less agglutinated by the malignant deposit. The probabilities are, that the disease commenced in the bone, and then attacked the soft parts, involving the rectum secondarily. The gut on the left side was comparatively healthy. The case is interesting on account of the long continuance of the symptoms, the fact of its being treated by different physicians for seven or eight years, and malignant disease not suspected until it was pronounced, as I have stated.

EXTENSIVE DISEASE OF THE TIBIA, ETC.

Dr. SANDS presented a specimen of extensive disease of the tibia, implicating the knee-joint, on behalf of Dr. Parker, who saw the case in consultation. The specimen was remarkable on account of the extent of the disease and also on account of the very insidious character of the symptoms prior to the removal of the limb. It appears that Dr. Belden, whose patient the boy was, was in attendance upon a brother, who was suffering from cardiac symptoms complicating rheumatism, and in one of his many visits his attention was incidentally called to the condition of this patient. Dr. B. found that he was suffering from slight febrile movement, and there being no local disease present, he paid very

little attention to the case. On the following day the constitutional symptoms increased materially, there being an exceedingly rapid pulse, heat of skin, and delirium. These symptoms continued to increase in severity for three or four days, when Dr. Clark was called to see the patient. At that time the boy complained of pain in the leg, but could not locate it exactly. There was no tenderness on pressure over the crest of the tibia; there was, however, noticed a slight puffiness towards the ankle-joint. I believe that the opinion arrived at was that the case was one of fever, with this intercurrent local disease. A week after that, the swelling increasing, Dr. Clark thought that the case was probably a surgical one, and at that time Dr. Parker was called in and first saw the case. There was then considerable swelling of the leg, but very little pain or tenderness; there was, however, fluctuation discernible upon the inner and posterior aspect of the leg, and at the situation of the head of the tibia externally. Dr. Parker advised a deep incision on the under and outside of the limb, which was accordingly done, and a large quantity of pus was evacuated. From that time until the 15th of March, nothing of importance occurred, although there was noticed a puffy swelling of the knee-joint, which was thought to be due to serum. On several occasions amputation was contemplated, but was not deemed advisable from the existing circumstances. He continued to grow worse, and I saw him on Friday last, rather accidentally. There was then a swelling on the outer side of the leg at its upper part, which was evidently an abscess. Dr. Belden opened this, and the operation gave a very decided solution as to the character of the fluid in the joint, as there was a large escape of pus. Amputation of the thigh was decided upon, and performed on Sunday last.

A very careful examination of the specimen proves it to be one of very extensive disease of the cancellar structure, and probably also of the compact structure of the tibia, extending from an inch above the inferior extremity of the bone quite up to the articular cartilage. The medullary cavity through all this extent is filled with a cheesy mass, composed of fibrin, broken-down pus, and fat cells, with crystallized margarine. The disease has extended to the cartilage of incrustation, which is much softened on its attached surface. This is also the case with the articular cartilage of the femur, which fact goes to prove that the disease progressed from below upwards. The patient had done well since the operation. At one point along the inner side of the tibia there has evidently been an attempt at re-formation, as a considerable amount of bony deposit has been thrown out from the periosteum.

Dr. PARKER remarked, that the case illustrated very beautifully the effect of pressure in causing the absorption of certain parts of the articular cartilage. This is the third case of the kind, remarked Dr. P., that I have seen within the last three months. One of these patients was six years of age, another nine, and this one fifteen. Two of the cases proved fatal.

Dr. CLARK asked if the abscess might not have been secondary to the febrile movement, inasmuch as these local symptoms were so insidious.

Dr. PARKER remarked that it was the first case of the sort that he had met with which was not attended by very severe local symptoms.

Dr. POST was also inclined to regard this, in that respect, as an exceptional case.

Dr. WOOD remarked: I saw a case at Stamford with Dr. Haight, a boy who complained of pain in his tibia. He was attacked in New York, and his suffering was so great that his friends took him home at once. When I saw him the pain in the tibia was intense, and all the symptoms of osteitis were present. He died in consequence of the absorption of pus. No post-mortem could be obtained.

I saw a little girl, some six years old, who was taken with pain pretty much in the same way. It was considered to be rheumatism, and she was treated for it by her physician. The trouble, however, increased, and she became de-

lirious; I saw her some twenty-four hours before she died. I then found that she was complaining of rheumatism of the shoulders, knees, and ankles, in a word she was suffering from toxæmic poison. After she died, I had the post-mortem examination, and found pus in all these joints; there was also an abscess in the upper end of the tibia, but no communication existed between it and the joint.

DR. MARKOK. This case (Dr. Sands's) differs from the ordinary forms of necrosis, and presents the rare variety in which the inflammatory action is set up in the cancellar structure and does not proceed with such rapidity as to destroy the vitality of the bone before that inflammatory action can result in the formation of pus. These were the cases in which Velpeau recommended a trephining of the bone with a view to allow the escape of pus.

SERO-CYST OF BREAST.

DR. PARKER presented a specimen of sero-cyst of the breast, removed from a female fifty-two years of age. The tumor had existed for about six months, but gave no evidence of pain or tenderness on pressure. Dr. Parker saw her about this time, and as the growth was supposed to be malignant by some, a couching needle was introduced, and some serum escaped. An operation was advised, and the tumor removed, when it was found to consist of a sac, which contained probably a pint of fluid. Dr. P. thought the specimen a remarkable one, as occurring in a person of those advanced years.

PLEURITIS, PERICARDITIS, ETC.

DR. LOOMIS presented a specimen with the following history. The patient from whom it was removed was admitted into Bellevue Hospital on the 24th February, with Potts' disease, extremely debilitated. He was put upon tonic treatment, and nothing occurred worthy of note until the 10th of March, when he was attacked with pneumonia of the left side. On the 14th he complained of intense precordial pain, and on the 16th an exocardial murmur was heard over the whole of that region. His pulse being feeble, veratrum viride, morphine, and stimulants were prescribed. The pulse was soon brought down to 80, and kept there until the 24th of March, when, notwithstanding the continuance of the treatment, it ran up to 140; and on the 20th the patient died. On post-mortem examination, the left lung was bound down by recent adhesions, and about six ounces of serum were found in the pleural cavity. The visceral and parietal portions of the pericardium were completely covered with a plastic exudation about half an inch in thickness, with bands of adhesion at different points. Some portions of the left lung were discovered in the second stage of pneumonia.

ERYSIPELATOUS INFLAMMATION OF UMBILICAL PIT—PERFORATION OF PERITONEUM.

DR. SWIFT presented a specimen of a portion of the anterior abdominal wall, with bladder and uterus attached, taken from a female infant, aged seven months, who died at the Nursery and Child's Hospital. The patient, about a week before death, was found suffering with constipation, intolerable nausea, contracted pupil, and withal was very restless at night. The day following, an erysipelatous blush appeared over the umbilical pit, which was much indurated. Lead and opium wash were prescribed, and continued the following day, when a small opening made its appearance. The next day a poultice was applied, which succeeded in softening somewhat the hardened tissue. There was some little hemorrhage about this time, which necessitated the application of nitrate of silver to control it. The child from this time commenced to sink, and died on Friday last, without any convulsions, and without any signs of excessive loss of blood. There was no tympanitis or tenderness over the abdomen. On post-mortem examination, directly opposite the blush on the inside of the abdominal wall, the peritoneum was very much reddened, and perforated at a point where it reflects itself from the bladder on the abdominal wall. No decided peritonitis

existed, notwithstanding about 3 ss of sero-purulent fluid was found in the peritoneal cavity. The matter had followed its way down to the point of perforation by means of the umbilical processes. There was no trouble found about the umbilical vein and artery, nor about the liver. Dr. S. presented the specimen because, on looking up the subject, he had not been able to find a case where erysipelas attacked that particular portion of the body at that age, and ended in perforation of the peritoneum.

The Society then adjourned.

Correspondence.

FOREIGN CORRESPONDENCE.

[Letter from DAVID P. SMITH, M.D.]

EDINBURGH.

January 21.—There is a case in the Infirmary under Professor Simpson, from Ireland, that, when admitted for vesico-vaginal fistula, was found to present the following complications:—Cicatricial bands across the ostium vaginae; entire obliteration of urethra, and recto-vaginal fistula. Restoration of the urethra has been effected by the continuous wearing of a piece of lead-wire made to traverse as near as possible the proper site of the urethra, the posterior end of the wire being brought out through the fistula, and brought into juxtaposition with the anterior so as to form a ring. In remarking upon vesico-vaginal fistula to-day, Professor Simpson mentioned in fitting terms the labors of Dr. J. Marion Sims, particularly calling the attention of the students to the fact that Dr. Sims owed his success and fame to his great perseverance, which caused him to perform even thirty operations to ascertain the best way. Professor S., in describing the operation, said that a good instrument to hold and facilitate the paring of the edges of the fistula had yet to be discovered. Assisting Professor S. some time ago in this operation, I noticed that he transixed the edges with a slightly curved needle set in a handle, and then cut around it. His tubular needles do not seem to me as serviceable as his transverse, which are made with their curve on the flat and the eye near the point, so that they can be threaded with the wire after the needle is pushed through. A case under the care of Dr. Keiller was mentioned, to show what may be accomplished in almost hopeless cases. In this case, by repeated operations, Dr. K. had succeeded in, as it were, making a new anterior wall to the vagina. One case has, however, been seen in London, in which so much loss of tissue has occurred as to make it useless to attempt the operation. To show the length of time metallic sutures can remain in the flesh without causing irritation, Professor S. instanced a case of Dr. Coghill, of Glasgow, where, after a perfectly successful operation for vesico-vaginal fistula, a suture happening to be overlooked, remained until the woman's accouchement, months afterwards, without its presence being suspected. Mr. Edwards, to-day, in lecturing upon diseases of bone, mentioned the case of a gentleman of ample means, who consulted all the most celebrated men for the relief of a supposed neuralgia. He went upon the continent, consulting all the celebrated practitioners there without relief; he tried the famous German baths; he went to Madeira; in fact tried everything. Finally, he went to his home in Hampshire, with his leg flexed to an acute angle upon his thigh, and his limb so terribly full of pain as to necessitate the use of a special rail-carriage. The surgeon here, drawing bow at a venture, trephined the tibia, three or four drops of pus escaping. Immediate and complete recovery followed. In this operation care must be taken that the trephine does not entirely perforate the bone, for death has occurred in at least one instance from wound of the posterior tibial by the trephine, hæmorrhage to a great extent having been suffered to take place.

Medical News.

APPOINTMENTS.

NEW YORK HOSPITAL.—First Surgical Division—Dr. J. L. LITTLE, Resident Surgeon, in place of Dr. T. B. Ward, resigned. Dr. G. R. CUTTER, Senior Assistant, in place of Dr. Little. Dr. F. G. STURGES, Junior Assistant, in place of Dr. Cutter. Second Surgical Division—Dr. J. J. HULL, House Surgeon, in place of Dr. S. B. Tuthill, resigned. Dr. H. M. SPRAGUE, Senior Assistant, in place of Dr. D. B. St. John Roosa, who has been appointed Assistant Surgeon of the Fifth Regiment; Dr. ALFRED NORTH, Junior Assistant, in place of Dr. Sprague. The Medical Division is constituted of the following gentlemen:—Dr. Charles E. Hackley, House Physician; Dr. James G. McKee, Senior Assistant; Dr. Town, Junior Assistant.

PENNSYLVANIA.—Lewistown Infantry—Assistant Surgeon, THEODORE S. CHRIST. Fourth Pennsylvania Regiment—Surgeon, J. R. DUNLAP. BROOKLYN—Fourteenth Regiment—Surgeon, J. M. HOMESTON; Surgeon's Mate, J. L. FARLEY. VERMONT—First Regiment Vermont Volunteers—Surgeon, E. K. SANBORN; Surgeon's Mate, WILLARD A. CHILD. MASSACHUSETTS—First Regiment—Surgeon, Dr. S. A. GREEN; Assistant Surgeon, Dr. Z. B. ADAMS. New Light Artillery Company—Dr. LUTHER PARKS, Jr., Surgeon.

NAVAL MEDICAL BOARD.—A Board of Medical Officers will convene at the United States Naval Hospital on Flushing Avenue, Brooklyn, on Saturday, June 1, 1861, for the examination of candidates for admission to the Medical Corps of the Navy of the United States. The following surgeons compose the Board:—Samuel Barrington, M.D., President; John A. Lockwood, M.D., and C. H. Wheelwright, M.D., Members; Passed Assistant Surgeon, John Y. Taylor, M.D., Recorder. Gentlemen desiring permission to appear before the Board must make application to the Honorable Secretary of the Navy, stating their residence, place, and date of birth, accompanied with respectable testimonials of moral character. Candidates are eligible between the ages of twenty-one and twenty-five. The pay of an Assistant Surgeon at sea, when first appointed, is \$1,340. The highest pay under the existing law, for a Medical Officer in the Navy, is \$3,390. The difference in the rate of compensation is determined by the length of service. The vacancies in the grade of Assistant Surgeons are unprecedentedly large, affording an opportunity for young medical men entering the Navy, more favorable than has occurred before for many years. Gentlemen seeking further information are invited to call on Dr. Lockwood, of the Naval Hospital, a member of the Board. There are, under the new order for enlarging the Navy, thirty-nine places to be filled.

We learn from the *Boston Medical and Surgical Journal*, that a Commission, consisting of Drs. George Hayward (Chairman), S. D. Townsend, John Ware, S. G. Howe, J. Mason Warren, S. Cabot, Jr., W. J. Dale, G. H. Lyman, and R. M. Hodges, has been appointed by the Governor of Massachusetts to hold stated meetings and consult upon all the various matters relating to medical arrangements necessary for the health and safety of the State troops. Drs. Hayward, Townsend, Ware, Warren, and Cabot, have been appointed as an examining committee to all applicants for the office of Surgeon or Surgeon's Mate. Dr. S. G. Howe has been sent with the troops to report on their actual condition. The use of chloroform by the various regimental surgeons is unconditionally forbidden, and an abundance of ether has been supplied in its place.

MEETING OF STATE MEDICAL SOCIETIES. OHIO.—The Annual Meeting of this Society will be held at Ohio White Sulphur Springs, June 25, 1861. **MASSACHUSETTS.**—The next Annual Meeting of this Society will be held at Boston, May 29. **PENNSYLVANIA.**—The State Medical Society will meet at Pittsburgh on the Second Wednesday of June.

CONNECTICUT.—The State Society will hold their Annual Meeting on the fourth Wednesday in May.

THE BELLEVUE HOSPITAL MEDICAL BOARD TENDER THEIR SERVICES TO THE GOVERNMENT.—The Bellevue Hospital Medical Board have unanimously tendered their services to the Governor of this State in the organization or charge of such military hospitals as may be needed by the government. The following are the proceedings of the Board, and the reply of the Surgeon-General of the State of New York:

THE MEDICAL BOARD TO GOVERNOR MORGAN.

NEW YORK, May 6, 1861.

To his Excellency Edwin D. Morgan, Governor of the State of New York:

SIR: At a special meeting of the Medical Board of Bellevue Hospital, held on the 4th instant, the following preamble and resolution were unanimously passed:

Whereas, at the call of the President of the United States, an army is rapidly organizing for service in the field; and

Whereas, military experience has demonstrated the necessity for the establishment of hospitals in the neighborhood of troops exposed to the risks of battle and the diseases incident to climate, season, and camp life; and

Whereas, by a natural classification of such diseases in hospitals, the services both of physicians and surgeons may be useful to the government, therefore,

Resolved, That the Medical Board of Bellevue Hospital do hereby offer their services to the Governor of the State of New York for such duty as physicians and surgeons in the organization or charge of military hospitals as may be needed by the government, and may not conflict with the privileges of the medical staff of the army.

ISAAC WOOD, M.D., President Medical Board.

JNO. W. GREENE, M.D., Secretary Medical Board.

Alonzo Clark, M.D.; B. W. McCready, M.D.; Isaac E. Taylor, M.D.; Geo. T. Elliott, M.D.; B. F. Barker, M.D.; Jno. W. Greene, M.D.; A. L. Loomis, M.D.; Austin Flint, M.D.—Visiting Physicians of Bellevue Hospital. James R. Wood, M.D.; L. A. Sayre, M.D.; J. J. Crane, M.D.; Stephen Smith, M.D.; Willard Parker, M.D.; A. B. Mott, M.D.; W. H. Church, M.D.; J. W. S. Gouley, M.D.; Ch. T. Mier, M.D.; Frank H. Hamilton, M.D.—Visiting Surgeons of Bellevue Hospital.

REPLY OF SURGEON-GENERAL VANDERPOEL.

STATE OF NEW YORK, SURGEON-GENERAL'S OFFICE, ALBANY, May 8, 1861.

John W. Greene, M.D., Secretary Medical Board, Bellevue Hospital:

DEAR SIR: I am directed by the Commander-in-chief to acknowledge the receipt of the resolutions passed by the Medical Board of Bellevue Hospital, and to express his sincere thanks for the noble and patriotic offer contained therein. This department has, however, made ample preparations with the Governors of the New York Hospital, and has appointed Dr. Agnew to take charge of the same. When the forces are mustered in the service of the United States, they pass from the control of this department and become the charge of the general government. It is impossible to say, in the struggle upon which the country is now entering, what may be the future demand upon the labors of our medical men. Should it become necessary to call to our assistance increased aid, we shall gladly avail ourselves of the manly offer of the physicians and surgeons of Bellevue.

Respectfully yours,

J. OAKLEY VANDERPOEL, Surgeon-General.

OGLETHORPE MEDICAL COLLEGE, GA.—At the late commencement, twenty-one gentlemen received the degree of M.D. The *ad eundem* degree was also conferred on fourteen and the honorary on two. Total, thirty-seven.

The *Chicago Medical Journal* reports two cases of poisoning in a family, caused by the eating of candy colored yellow by orpiment.

MEDICAL DIARY OF THE WEEK.

Monday, May 20.	{ NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M. BELLEVUE HOSPITAL, Dr. Clark, half-past 1 P.M.
Tuesday, May 21.	{ NEW YORK HOSPITAL, Dr. Buck, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. ISLAND HOSPITAL, Dr. Sayre, 1 P. M.
Wednesday, May 22.	{ EYE INFIRMARY, Operations, 12 M. NEW YORK HOSPITAL, Dr. Bulkley, half-past 1 P.M. PATHOLOGICAL SOCIETY, 8 P.M.
Thursday, May 23.	{ OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Taylor, half-past 1 P.M.
Friday, May 24.	{ NEW YORK HOSPITAL, Dr. Buck, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M. BELLEVUE HOSPITAL, Dr. Macready, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Gouley, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M.
Saturday, May 25.	{ NEW YORK HOSPITAL, Dr. Bulkley, half-past 1 P.M. EMIGRANTS' HOSP., WARD'S ISLAND, Dr. Carnochan, 8 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. BROOKLYN CITY HOSPITAL, Dr. Hutchison, 12 M.

SPECIAL NOTICES.

NURSES FOR THE ARMY.—A *Systematic Course of Practical Instruction in Nursing and Hospital Hygiene* has been commenced in the several Hospitals of the city and at the Philosophical Rooms of the COOPER INSTITUTE, under the direction of a Central Committee of Physicians and Ladies.

The Ladies' Committee for Examining Volunteer Nurses, meet at their Rooms daily from 2 to 4 P. M. Applicants who have been approved by that Committee and by the Sub-Committee of the Hospital Boards, Drs. ISAAC WOOD, E. DELAFIELD, and E. HARRIS, will be permitted to enjoy practical instruction in the Hospitals.

Approved candidates for this course of instruction will be received.

This course of practical training is open and free to approved candidates from all parts of the country. Applicants must be over thirty years of age, and possess great intelligence and power of endurance.

Sent Free by Mail on Receipt of Price.

The Genetic Cycle in Organic Nature;

or, The Succession of Forms in the Propagation of Plants and Animals, by George Ogilvie, M.D. 8vo. London, 1861. \$1.55.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Suggestions concerning the Construction of Asylums for the Insane, Illustrated by a Series of Plans, by W. D. Fairless, M.D. 8vo. London, 1861. 50 cents.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

The Successful Treatment of Influenza, Sore Throat, Bronchitis, Asthma, Pneumonia, &c., by H. Godday, M.D. 12mo. London, 1861. 80 cents.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Practical Observations on the Diseases of the Joints involving Ankylosis, and on the Treatment for the Restoration of Motion, by B. E. Brodhurst, M.D. Third edition. 8vo. London, 1861. \$1.40.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

On the Theory of the Ophthalmoscope, by George Raluy, M.D. 8vo. London, 1860. 80 cents.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

An Essay on the History, Pathology, and Treatment of Diphtheria; by E. Copeman, M.D. 8vo. London, 50 cents.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

To Physicians and Dentists—Board

IN BROOKLYN, within three minutes' walk of Atlantic, Fulton, and Flatbush cars. The advertiser, owning and occupying a fine house, with all the modern improvements, four rooms with water on the parlor floor, so arranged as to render them particularly adapted to the wants of the above professions, would like to arrange with either for full board. References exchanged. Address box 1487 New York P. O.

A Valuable New Book.

ANOTHER LETTER

TO A

YOUNG PHYSICIAN.

To which are Appended

SOME OTHER MEDICAL PAPERS.

By JAMES JACKSON, M.D.

1 vol. 12mo., cloth. Price 75 cents, free of postage.

For sale by

S. S. & W. WOOD, 889 Broadway.

MEDICAL DIRECTOR'S OFFICE, NEW YORK STATE VOLUNTEER FORCES, NEW YORK, Elm and White streets.

Surgeons of Regiments of the New

YORK STATE VOLUNTEERS are hereby informed that ample provision has been made by the State for the care of sick volunteers in the New York Hospital. None but enrolled and accepted volunteers, however, are eligible. Admission will be granted upon the order of the Regimental Surgeon subject to the approval of the Medical Director.

C. R. AGNEW, Medical Director.

MEDICAL BOARD.

A Medical Board will convene in the city of New York on the 1st of May ensuing, for the examination of candidates for admission into the Medical Staff of the United States Army, in accordance with the following Order.

There are now five vacancies in the Medical Staff.

WAR DEPARTMENT, ADJUTANT GENERAL'S OFFICE, }
Washington, March 18, 1861.

SPECIAL ORDERS, No. 76.

A Board of Medical Officers will assemble in New York city on the 1st day of May next, or as soon thereafter as practicable, for the examination of Assistant Surgeons for promotion, and of such candidates for appointment as may be invited to present themselves before the Board.

DETAIL FOR THE BOARD.

Surgeon Clement A. Finley,
" Charles McJougail,
" W. J. Sloan.

By order of the Secretary of War:

L. THOMAS, Adjutant General.

Applications must be addressed to the Secretary of War; must state the residence of the applicant, and the date and place of birth. They must also be accompanied (references will receive no attention) by respectable testimonials of his profession, the moral and physical qualifications requisite for filling creditably the responsible station, and for performing ably the arduous and active duties of an officer of the Medical Staff. Applicants must be between twenty-one and thirty years of age.

There are now five vacancies in the Medical Staff.

Sent Free by Mail on Receipt of Price.

Compendium of Human Histology.

—By C. Morel, Professor Agrégé à la Faculté de Médecine de Strasbourg. Illustrated by twenty-eight Plates. Translated and edited by W. H. Van Buren, Professor of General and Descriptive Anatomy in the University of New York: 1861. Pp. 247. Price, \$3 00.

This work of M. Morel, which has been presented to the American student by Professor Van Buren, has received the unqualified approbation of the French press. It is a concise *exposé* of the present condition of Histology.—*Am. Med. Monthly*.

It is the best compendious treatise we have seen. The plates are admirable, some of them illustrating most beautifully the views of Virchow upon the office of the cell in the formation of tissues, both normal and pathological.—*Boston Medical and Surgical Journal*.

The treatise of M. Morel is admirably adapted to the wants of the Medical student. Omitting the discussion of doubtful and unsettled points as foreign to the purpose of his work, the author has succeeded in giving within the compass of about two hundred pages, a succinct but comprehensive account of the principal facts in human microscopic anatomy.—*American Medical Times*.

BAILLIERE BROTHERS, 440 Broadway.

Sent Free by Mail on Receipt of Price.

Clinique Medicale de l'Hotel-Dieu

de Paris, par A. Trousseau. Tome 1er. 8vo. Paris, 1861. \$2 50.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Ten Lectures Introductory to the

Study of Fever, by A. Anderson, M.D. Post 8vo. London, 1861. \$1.55.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

FOREIGN
MEDICINES,

AND

Druggists' Articles.

GAUDELET & GOURÉ,

IMPORTERS & COMMISSION MERCHANTS,

32 Platt St.

NEW YORK.

32 Platt St.

IMPORTATION

ON ORDER OF

Foreign Perfumery

AND

Druggists' Articles.

ALBESPEYERS—Epispastie Paper.
do Blistering Tissue.
do Issue Paper.
ANDURAN—Anti-gout Wine of Anduran.
AUGERIER—Syrup of Lactucarium.
do Paste of Lactucarium.
AYMES Licorice Drops, Violets perfume.
BARRÉS WILLE—Tannate of Quinine Pills.
do do do Lozenges.
do do do Powder.
BELLOC—Vegetable Charcoal Powder.
do do Lozenges.
BERAL—Tartate of Potash and of Iron.
do Citrate of Iron.
do Carbonate of Iron.
do Citrate of Iron and of Quinine.
do Lactate of Iron.
do Iron reduced to Hydrogen.
do Official Chalk without odor.
do Dragees of Lactate of Iron.
do Ferruginous of Nancy for Rusty Water.
do Lozenges of Citrate of Iron.
do do of Lactate of Iron.
do Saccharine of Citrate of Iron for Rusty Water.
do Syrup of Citrate of Iron.
do Syrup of Iodide of Iron.
do Poor Man's Plaster.
BERTHE—Cod Liver Oil.
do Syrup of Codeine.
BILLARD—Creosote.
BLANCAUD—Pills of Iodide of Iron.
do Syrup do do.
BONJEAN—Dragees of Ergotine.
BOTOT—Tooth Water.
do Tooth Powder.
BOUDAU—Anti-Dyspeptic Pepsine.
do Additional Pepsine.
BOYVEAU—Rob Boyveau Laffecteur.
BRIANT—Syrup Antiplogistic.
BROU—Injection.
BUGEAUD—Balsam for the Nerves.
CASHO—Bologne.
CAUVIN—Digestive Pills.
CHABLE—Injection.
do Syrup of Citrate of Iron.
do Depuratif Vegetal.
do Mineral Bath.
do Perfumed Bath.
do Toilet Water for Ladies.
do Anti-Tetter Pomatum.
do Pomatum for Piles.
CHARLES ALBERT—Bol of Armenia.
do Wine of Armenia.
CLERAMBURG—Golden Pills.
do Grains of Life.
do Cough Syrup.
do Paste.
CLERET—Iodide of Potassium Rob.
do Pills of Iron and of Quinine.
CLERTAN—Pearls of Ether.
do do Chloroform.
do do Assafetida.
do do Castoreum.
do do Digital.
do do Valerian.
do do Ess. of Turpentine.
COLTAS—Benzine In Bulk.
do Dragees of Santonine.

COURCELLES—American Elixir.
CROSNIER—Syrup Mineral and Sulphurous.
do Pills of Iodide of Iron and of Quinine.
DAROLLES—Rum Punch.
DEGENETALS—Pectoral Paste.
do Syrup of Calf Lungs.
DEHAUT—Purgative Pills.
DELABARRE—Toothling Syrup.
DELANGENIE—Nafé Paste.
do Syrup of Nafé.
do Racahout des Arabes.
DESBRIERES—Magnesia Chocolate.
DICQUEMARE—Mélange (hair dye).
do Fixateur (for the hair).
DORVAULT—Horse Radish Syrup.
DUPONT—Regenerator.
do Anti-Glaious Elixir of Guille.
DUSOUD—Ferruginous Syrup.
EAU—De Melisse des Carmes.
ESPIC—Pectoral Fumigator.
FAYARD—Paper.
FLON—Lentive Syrup.
FORGET—Cough Syrup.
FRANK—Grains of Health.
GAFFARD—Granules of Digitaline.
do do of Atropine.
GARNIER LAMOUROUX—Sugar-Coated Pills.
GAUTIER-LACROZE—Syrup of Aconite.
do Balsam of Aconite.
GELIS & CONTE—Dragees of Lactate of Iron.
GENEVOIX—Iron reduced by Hydrogen.
do Anti-Gout or Oil of Horse-Chestnut.
do Dragees of Iron reduced.
GEORGE—Pectoral Paste.
GILLE—Dragees of Proto-Iodide of Iron.
do Depuratives Dragees of Lepetit.
do Syrup Proto-Iodide of Iron.
GUERIN—Balsamic Opiat.
GUILLIE—Anti-Glaious Elixir.
GUILLIERMOND—Syrup Iodo-Tannique.
HEMEL—Powder for Dogs.
HOOG—Cod Liver Oil.
do Pills of Pepsine.
do do do and Iron.
do do do and Proto-Iodide of Iron.
HOMOLLE & QUEVENNE—Granules of Digitaline.
HUFELAND—Digestive Liquor.
JOY—Pectoral Fumigator, Anti-Asthmatic.
KERATOPHILE—Pomatum for Horse Hoofs.
LABARRAQUE—Disinfecting Fluid.
do Wine of Quinine.
do Pills of Quinine.
LABELONYE—Syrup of Digitaline.
LAMOUROUX—Syrup of " "
LAROCHÉ—Wine of Quinine Bark.
LAREY—Cleansing Syrup.
LARTIGUES—Anti-Gout Pills.
LAURENT—Medicated Dragees.
LAVILLE—Anti-Gout Pills.
do do Liquor.
LEBEL—Scordium Powder.
do Savonules of Copiba.
LECHELLE—Hemostatic Water.
do Castoreum Nervosine.
do Anti-gout.
do Anti-Dolour, Silk.
do Cleansing Syrup of Larrey.

LECHELLE—Cubeb, Solid and Concentrated.
do Anti-Putrid Water.
do Anti-Fever Powder.
do Collyre Divin (Eye Wash).
LERAS—Liquid Phosphate of Iron.
do Dragees of do do.
do Syrup of do.
LEROY—Vomitif.
do Purgatif.
do Pills.
MATHEY-CAYLUS—Capsules pur Copaliba, &c.
MEGE—Par Copaliba, &c.
MENE MAURICE—Aconitic Oil.
MONDINI & MARCHI—Cachou of Bologne.
MOTHE—Capsules of Copaliba.
do do of Cod Liver Oil.
MOURIES—Farina for Children.
do Chocolate do.
NAFE—See "Delangrenier."
OLIVIER—Depurative biscuit.
PAUL GAGE—Taffetas.
do Anti-glaious Elixir of Guille.
PELLETIER—Elixir and Odontine.
PEPSINE—See "Boudant."
PERSONNE—Iodine Oil.
PETREQUIN—Pills of Proto-Iodide of Iron.
PHILIPPE—Tooth Wash.
do Tooth Powder.
do do Charcoal and Quina.
do Kousso, ordinary dose.
do do strong dose.
PIERLOT—Valerianate of Ammonia.
PRODHOMME—Essence of Sarasapilla.
QUERU—Cod Liver Oil Jelly.
QUEVENNE—Dragees of Iron reduced.
RACHAOUT—See "Delangrenier."
RAQUIN—Copaiba Capsules.
REGNAULT—Pectoral Paste.
ROBIQUET—Syrup of Pyro-Phosphate of Iron.
do Dragees of do do.
DR. ROUSSEAU—Celestial Water for the Eyes.
ROYER—Cod Liver Oil.
ROGE—Citrate of Magnesia Powder.
do do Lozenges.
SAMPSON—Injection.
SEDLITZ—Powder.
SEGUN—Wine.
SEIGNORET—Lozenges of Iodide of Potassium.
SODA—Powder.
TEANCHE LAHAUSSE—Regenerator.
VALLET—Ferruginous Pills.
VICHY—Water.
do Lozenges.
do Chocolate.
do Mineral Salts.
ZUCCANI—Benzine.

Articles always on hand.

DR. VALLEISE—Suspensories, Trusses, and patented Elastic Appliances, &c.
BREURE-PERIN—Vinaigre a la Glycerine.
do Soap Glycerine.
do Paste, do g. modéls.
do do do p. modéls.
do Perfumed Glycerine.
DR. PIERRE—Dentifrice Water.
do Vinaigre, Toilet Vinegar.
do Roses Toilet Vinegar.
HOUBIGANT-CHARDIN—Perfumery.

NOTICE.—We beg to advise our Customers, that our frequent and direct intercourse with the owners of the above Medicines, as their Agents or Consignees, allows us to assure them, that by addressing their orders to us, they will surely avoid the Spurious Articles, and at the same time, always obtain the very lowest prices.

Toilet Articles: Brushes, Shell-combs, &c.

Orders received and promptly executed for the following articles.

Drugs in general.
Medicinal powders.
Pharmaceutical preparations.
Chemical products.

Medicinal Herbs.

Homœopathic preparations.
Utensils for laboratories.
Surgical instruments.
Vulcanized instruments of Galante.
Apparatus for Gaseous Water.
Philosophical instruments.
Chemical do.
Fancy labels for druggists.
Ordinary and philosophical scales.

Glass, crystal, and china vases.

Scientific books.
MAUGENET & COUDRAY Perfumery.
DEMARSON CHETELAT do.
LUBIN do.
VIOLET do.
PIVERT do.
SOCIÉTÉ HYGIENIQUE.
MONPELAS do.

E. & S. FOUGERA, PHARMACEUTISTS,

No. 30 N. William st., N. York, and No. 169 Atlantic st., Brooklyn,

GENERAL AGENTS FOR THE FOLLOWING PREPARATIONS:

AGENTS: T. METCALF & CO., BOSTON, MASS.; H. P. WAKELEE, SAN FRANCISCO, CALIFORNIA; E. L. MASSOT, ST. LOUIS, MO.; THOMPSON AND BLOCK, BALTIMORE, MARYLAND, ETC., ETC.

To be had also from the first class Drug Stores.

ALBESPEYRE'S BLISTERING TISSUE.

This Tissue is always reliable, being of a uniform strength and blistering in six hours. It is neat, handy, economical, and of a great convenience for Physicians (principally country Physicians), Pharmacutists, and Patients. Generally used in the civil practice; it is the only one employed in the active armies and hospitals of France.

ALBESPEYRE'S EPISPASTIC PAPER, is used for maintaining blisters, in preference to any drawing ointments.

RAQUIN'S CAPSULES,

Approved by the French Academy of Medicine—Daily prescribed with success by the profession at large. These Capsules are superior to any similar preparations.

GENEVOIX PURE OIL OF HORSE CHESNUTS.

This ANTI-GOUT preparation is among the numerous topical applications possessed by therapeutics, the best external remedy for Gout, Rheumatism, and NEURALGIA.

N.B. It is very important, in applying this oil, to rub gently on the inflamed part, till the skin is completely saturated with the oil.

E. GENEVOIX, Phen., 14 Rue des Beaux Arts, Paris.

BLANCARD'S PILLS OF IODIDE OF IRON.

Every physician, every work of medicine, regards the Iodide of Iron as an excellent preparation, uniting the properties of both Iron and Iodine.

Each pill contains one grain of Iodide of Iron, the dose is two to four pills a day. None are genuine which have not a reactive silver seal attached to the lower part of the cork, &c., &c.

BLANCARD, Phen., No. 40 Rue Bonaparte, Paris.

BONJEAN'S ERGOTINE & DRAGÉES OF ERGOTINE.

Bonjean's Ergotine, or purified Extract of Ergot, is the extractive principle of *Secale Cornutum*, minus its poisonous substance. In consequence, Bonjean's Ergotine may be given in doses proportionate to the danger of the case, without any risk for the life of the patient. The dose of Bonjean's Ergotine is from five to 10 grains, daily. One dragée (three grains) may be given, crushed, every two or three hours, in some grave cases of uterine hemorrhage.

LABELONYE, Phen., No. 19 Rue Bourbon, Villeneuve, Paris.

QUEVENNE'S IRON AND DRAGÉES OF IRON BY HYDROGEN.

Physicians desirous to have a faithful article, will prescribe *Genuine Quevenne's Iron*, which is always uniform and reliable, and quite different from the commercial iron by Hydrogen.

It comes in small bottles, with a tin spoon containing two grains of Iron, which is a dose. E. GENEVOIX, 14 Rue des Beaux Arts, Paris.

LEBEL'S SAVONULES OF COPAIVA, &c., &c.

The unfriendly action of Copaiva on the stomach, causing nauseous eructations and gastric derangements, renders its continued employment often impossible. In Lebel's Savonules, the Balsam, by its saponification with an alkali, is modified in such a manner, that its digestion is easy and its absorption more ready, besides its elegant form and disguise under a coating of gluten, recovered by sugar as a dragée, neither offend the sight nor displease the palate.

PIERLOT'S VALERIANATE OF AMMONIA, FOR NERVOUS AFFECTIONS.

This preparation is not at all like the one prepared by Apothecaries, after the formula published in the journals; its odor, its taste, and above all, its success, where the other one fails, will tell at once how different they are one from the other.

Genuine Pierlot's Valerianate of Ammonia is a most efficacious remedy in *Neuralgia, Epilepsy, Convulsions, Hysteria, &c., &c.*

Dose.—Two to three teaspoonfuls daily.

PIERLOT, Phen., 40 Rue Mazarine, Paris.

E. & S. FOUGERA, Pharmacutists, New York and Brooklyn,

GENERAL AGENTS FOR THE ABOVE PREPARATIONS.

N.B. PHARMACEUTISTS AND WHOLESALE DRUGGISTS will find it to their advantage to send for our new Price Current, in which the prices of Imported French Medicinal Preparations are much reduced.

BOUDAULT'S PEPSINE,

Successfully prescribed in *Dyspepsia, Gastralgia, in slow and difficult digestion, in chronic diseases*, and also to arrest vomiting during pregnancy.

Dose.—Fifteen grains in powder, two or three times a day, just before eating.

LABELONYE'S GRANULES OF DIGITALIS,

Each Granule contains one-third of a grain of Hydro-alcoholic Extract of Digitalis Purpurea. This preparation is an excellent sedative, a powerful diuretic, and is perfectly acceptable to the stomach. They regulate well the *Pulsations of the Heart*, increase rapidly the urinary secretions, act remarkably well in the *Nervous Palpitations, Aneurisms, and Hypertrophies of the Heart*, in various kinds of Dropsies, principally those symptomatic to the Heart.

Dose.—Four to ten Granules daily.

LABELONYE, Phen., 19 Rue Bourbon Villeneuve, Paris.

FRUINEAU'S ASTHMATIC PAPER.

This paper contains a determined quantity of Nitrate of Potash, Belladonna, Hyosdamus, Stramonium, and it burns well, and its pleasant fumes near the patient, in a closed room, relieve immediately all oppressions.

FRUINEAU, Phen., NANTES, FRANCE.

E. & S. FOUGERA'S COMPOUND DRAGÉES OF SANTONINE.

These Dragées compound of Santonine and Jalapine are at the same time vermifuge and purgative—being coated with sugar they are pleasant to take, even for children. Each Dragée contains half a grain Santonine and one-fifth of a grain of Jalapine, with chocolate and coated with sugar.

Dose.—Ten to twelve a day for an adult, repeated three days.

GELIS & CONTÉ'S DRAGÉES OF LACTATE OF IRON.

Approved by the French Academy of Medicine.

The superiority of action of the Lactate of Iron is duly attributed to its perfect solubility in the gastric juice. It is daily prescribed for *Chlorosis, Whites, Amenorrhœa*, and general debility. Each Dragée contains one grain Lactate of Iron.

Dose.—Two to three, three times a day.

PAULLINIA-FOURNIER,

Is daily administered as a tonic and principally for the nervous system, hence its advantageous application for *Neuralgia, Headache, convulsions* of the stomach, &c., &c. It is favorably spoken of by Drs. Troussseau, Pidoux, Grisolle, &c., &c. No. 26 Rue d'Anjou St. Honoré, Paris.

E. & S. FOUGERA'S DRAGÉES AND SYRUP OF PYROPHOSPHATE OF IRON.

The efficacy of this new preparation, containing two important elements of our system, Iron and Phosphorus, is admitted by all Physicians who have employed it. Being borne easily by the most delicate stomachs, it agrees very well with young ladies; it is used with decided benefit in cases of *general debility, Anæmia, Dyspepsia, Neuralgia*, and principally where a nervous tonic is indicated.

Dose.—Two to four Dragées, three times a day, or a dessert to a tea-spoonful three times a day. For children in proportion.

PERSONNE'S IODINISED OIL.

APPROVED BY THE FRENCH ACADEMY OF MEDICINE.

This Oil, containing Iodine in an elementary combination, is very much like sweet almond oil in its taste and color; it has great advantages over cod-liver oil, as it can be administered in smaller quantity and without disgust for the patient. Ricord says: that the cure, or at least some modification of the disease, have always been obtained quicker with Personne's Iodinised Oil, than with cod liver oil. This oil is used in the same cases as codliver oil. Dose.—A teaspoonful two or three times a day.

No. 19 Rue Bourbon Villeneuve, Paris.

VACCINE

Virus of all kinds, perfectly pure, and

most reliable, used by the leading physicians of this city; put up in the best form for transmission to any part of the world. Prices—single crust, \$1; seven, \$5; single tube, \$2; three, \$5; single charge of eighth-day lymph, on pointed quilla, or otherwise, 20 cts.; twelve, \$1. A pamphlet of information on the subject of vaccination, &c., will be sent to any address on the remission of a three-cent postage stamp to the Eastern Dispensary, in the Market Building, 57 Essex, cor. Grand Street, New York.

N. B. A new stock of Vaccine can hereafter be furnished to all who wish it; at present, March 16, one remote from the case.

Vaccine Virus from the Cow—

obtained by vaccinating kine.
Ten quills one dollar. Warranted once.

Address, EPHRAIM CUTTER, M.D.,
WOBURN, MASS.

PAUL BOSSANGE,

49 WALKER STREET,

Begs to inform the Faculty that he has received from Paris a fresh lot of

Articulated Skeletons,

And of various Osteological Subjects, which will be sold at the lowest possible prices.

Physicians should use the American
SOLIDIFIED MILK, PREPARED NEAR AMENIA, IN
DUTCHESS COUNTY, NEW YORK.

It is simply the richest milk EVAPORATED at a low temperature, and crystallized upon refined white sugar. The Reports of Special Committees from the N. Y. ACADEMY OF MEDICINE, and the AMERICAN MEDICAL ASSOCIATION recommend it as invaluable in PHTHISIS, DIARRHEA AND DYSENTERY, PERSISTENT VOMITING, AND IN THE DISEASES AND WEANING OF CHILDREN. It is the most NUTRITIOUS DIET known, and in consequence especially recommends itself in the sick room. IT IS WARRANTED TO KEEP FOR YEARS IN ANY CLIMATE, and is therefore indispensable for families travelling with children, officers of the army and navy, sea captains, and those living in hot climates.

For sale every where. For pamphlet and price list address
AGENCY AMERICAN SOLIDIFIED MILK CO.,
78 LIBERTY STREET, NEW YORK.

Medicinal Mineral Waters,

833 BROADWAY,

New York.

"In many diseases of irritation, the factitious Mineral Waters, prepared at Brighton, have proved of great benefit, even in the range of my own experience, having frequently prescribed them since 1824."—*Copland's Dictionary of Practical Medicine, Article Irritation.*

Pints \$1.75; half-pints, \$1.25 per dozen.

Delivered Free in New York.

HANBURY SMITH, M.D.

Mathey-Caylus' Gluten Capsules.—

The only ones admitted to the Universal Exhibition of Paris, 1855. These Capsules have met with the open and candid approval of all the most eminent physicians of France and England, by whom they have been and are extensively used in their hospital and private practice. Among these, we will only mention Drs. Cullier, Ricord, Pucke, Physicians to the Venereal Hospital of Paris, "Hôpital du Midi;" Drs. Arthur Hill Hassall and Wm. Lane, of the Lock Hospital of London; also the *London Lancet* and *Medical Times*.

Since their introduction in America, they have been received with the most marked favor by the Physicians and Druggists who have tried them. They are acknowledged by every practitioner to be the best and the most reliable preparation of the kind now in use.

The following are the different kinds manufactured by Mathey-Caylus:

Pure Copalba,
Copalba and Cubebs,
Copalba and Citrate of Iron,
Copalba and Rhatany,
Copalba and Magnesia,
Copalba and Catechu,
Copalba, Cubebs, and Rhatany,

Copalba, Cubebs, and Carbonate of Iron,
Copalba and Tannic Acid,
Cubebs pure, or with Alum,
Venice Turpentine,
Norway Tar.

DR. CULLIER'S BALSAMIC MIXTURE IN CAPSULES,

Wholesale by

J. M. BECKER,

Sole Agent for United States,
23 Walker street, New York.

"Our Alma Mater Fifty Years Ago."

—An Oration pronounced before the Alumni Association of the College of Physicians and Surgeons, by THOMAS W. BLATCHFORD, M.D., of Troy, N. Y. For sale at BAILLIEE BROS. Price 25 cents. Copies will be forwarded to any address by inclosing 25 cents in postage stamps to JOSEPH H. VEDDER, M.D., Sec'y, Flushing, N. Y.

WADE & FORD,
Instrument Makers to the

NEW YORK, BELLEVUE, AND CITY HOSPITALS,

Manufacture and Import all kinds of
SURGICAL AND DENTAL INSTRUMENTS, APPLIANCES,
SYRINGES, ETC.,

85 Fulton street, New York.

W. & F. beg leave to call the attention of the Faculty to the latest and most COMPACT general operating case, which they have arranged under the supervision of Dr. JAMES E. WOOD, a full description of which will be forwarded upon application. Also, Dr. LEWIS A. SAYRE's improved outdoor splint for MORRIS COXARIUS. Directions for measurements will be forwarded when requested.

References:—JAMES E. WOOD, M.D., LEWIS A. SAYRE, M.D., STEPHEN SMITH, M.D., B. F. BACHE, M.D., U.S.N.
PRICED CATALOGUES WILL BE SENT TO ANY ADDRESS.

GEORGE TIEMANN & CO.

Manufacturers of Surgical Instruments, &c.

No. 63 CHATHAM STREET, NEW YORK.

H. HERNSTEIN,

Manufacturer of Surgical and Dental

INSTRUMENTS, No. 593 Broadway, between White and Walker streets, New York.

MEDICINE CHESTS for Families and Ships, Plantations.

The original "Elixir of Calisaya

BARK."—This elegant and valuable medicinal preparation was introduced to the notice of the Faculty of this city in 1830, by J. MILLAU, the sole Inventor and Manufacturer, at which date none of these numerous firms were in existence, who, rather than give a new name to a new article, have found it more convenient within a few years to appropriate the above extensively and favorably known title; it is therefore presumable that physicians in prescribing, as for over thirty years, have reference solely to the original article made by

J. MILLAU & SON, Pharmacutists, 183 Broadway, N. Y.

J. M. & SON are sole agents for FRENCH ARTIFICIAL EYES, have always a large assortment on hand, and will furnish to order a single eye, of any desired pattern, in thirty days.

THE PUBLISHERS offer the following inducement to those who may have opportunities to obtain subscribers to the MEDICAL TIMES:—

For two new subscribers (\$6.00 being remitted), one copy of GREEN-HOW ON DIPHTHERIA will be sent free by mail.

TERMS OF THE AMERICAN MEDICAL TIMES.

City and Canadian Subscribers, \$3.50 per annum, payable in advance.
Mail Subscribers, \$3 per annum, payable in advance.

Remittances must accompany an order for the Journal.

The Publishers will not hold themselves responsible for the loss of moneys inclosed in unregistered letters.

There are two volumes a year, commencing on the 1st of January and July; but subscriptions may begin at any date.

Those who desire to have the series complete can be supplied with the back numbers at the original subscription price.

The last volume, nicely bound in cloth, may be had at the office, for \$1.75, and free by mail for \$2.15; cloth cases for binding may be had at the office for 25 cents, and free by mail for 34 cents.

* * THE MEDICAL TIMES is published every Saturday morning, and is transmitted direct by mail throughout every section of the country. As a medium for immediate communication with the medical profession of the United States, it offers unsurpassed facilities to those desiring to advertise Medical Colleges and Schools, late Works, Surgical Appliances, Instruments of every kind, Drugs and Medicines, etc., etc. The following terms of transient advertisements may be modified by special contract for permanent insertion:

Space of 8 lines,	each insertion \$1 00
$\frac{1}{2}$ column,	" 1 20
$\frac{1}{4}$ "	" 2 40
$\frac{1}{8}$ "	" 4 80
1 "	" 9 60

Communications should be addressed "Office American Medical Times, 440 Broadway, N. Y." BAILLIEE BROTHERS,

Publishers and Proprietors.